| B1 (Official Form 1) (12/11)  |   |   |   |   |  |
|---|---|---|---|---|--|
| United States Bankrupto<br><u>NORTHERN</u> DISTRICT OF  | Voluntary Petition  |   |   |   |  |
| Name of Debtor (if individual, enter Last, First, Middle): David R. Sharrock  |   | Name of Joint Deb   | tor (Spouse) (Last, First, Middle           | le):  |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):                      |   |   |  |
| D&D Rentals, Equity Lenders  Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN (if more than one, state all):  XXX-XX-2002  | )/Complete EIN  | Last four digits of S   | Soc. Sec. or Individual-Taxpaye state all): | er I.D. (ITIN)/Complete EIN   |  |
| Street Address of Debtor (No. and Street, City, and State):   |   | Street Address of J   | oint Debtor (No. and Street, Cit            | ty, and State):   |  |
| 993 Lexington Avenue  |   |   |   |   |  |
| Mansfield, OH   | ZIP CODE 44907  |   |   | ZIP CODE  |  |
| County of Residence or of the Principal Place of Business:  | •   | County of Residence   | ce or of the Principal Place of B           | Business:   |  |
| Richland County  Mailing Address of Debtor (if different from street address):  |   | Mailing Address of  | F Joint Debtor (if different from           | 1 street address):  |  |
|   | ZIP CODE  |   |   | ZIP CODE  |  |
| Location of Principal Assets of Business Debtor (if different fr  | om street address above):                                   | l .   |   | ZIP CODE  |  |
| Type of Debtor  | Nature of 1   | Business  |   | iptcy Code Under Which  |  |
| (Form of Organization) (Check <b>one</b> box.)  | (Check <b>one</b> box.)                                     |   | the Petition is F                           | Filed (Check one box.)  |  |
| <ul> <li>✓ Individual (includes Joint Debtors)</li> <li>See Exhibit D on page 2 of this form.</li> <li>Corporation (includes LLC and LLP)</li> <li>Partnership</li> <li>Other (If debtor is not one of the above entities, check this box and state type of entity below.)</li> </ul>   | 11 U.S.C. § 101(: Railroad Stockbroker Commodity Brok       | l Estate as defined in 51B)   | Chapter 9 Chapter 11                        | <ul> <li>□ Chapter 15 Petition for<br/>Recognition of a Foreign<br/>Main Proceeding</li> <li>□ Chapter 15 Petition for<br/>Recognition of a Foreign<br/>Nonmain Proceeding</li> </ul> |  |
| Chapter 15 Debtors  | Other  Tax-Exem   |   |   | re of Debts   |  |
| Country of debtor's center of main interests:   | applicable.)  | (Chec   | ck <b>one</b> box.)<br>nsumer 🔯 Debts are   |   |  |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending:   | tempt organization<br>the United States<br>I Revenue Code). | debts, defined in 11 U.<br>§ 101(8) as "incurred b<br>individual primarily for<br>personal, family, or<br>household purpose." | S.C. primarily by an business debts.        |   |  |
| Filing Fee (Check one box.)   |   | Check one box:  | Chapter 11 Debtor                           | ors   |  |
| ☑ Full Filing Fee attached.   |   | Debtor is a si  | nall business debtor as defined             |   |  |
| Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  Check if:  Debtor is not a small business debtor as defined in 11 U.S.C. §  Check if:  Debtor's aggregate noncontingent liquidated debts (excluding or insiders or affiliates) are less than \$2,343,300 (amount subject or s |   |   |   | d debts (excluding debts owed to 00 (amount subject to adjustment   |  |
| Filing Fee waiver requested (applicable to chapter 7 indi attach signed application for the court's consideration. S  | Check all applical A plan is bein Acceptances               | ng filed with this petition.  | etition from one or more classes            |   |  |
| Statistical/Administrative Information  |   | or creations, i   | ii accordance with 11 0.5.c. §              | THIS SPACE IS FOR   |  |
| Debtor estimates that funds will be available for distribution to unsecured creditors.  Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |   |   |   |   |  |
| Estimated Number of Creditors       □       □       □         1-49       50-99       100-199       200-999       1,000-5,000  |   | 0,001- 25,001<br>5,000 50,000   | ,   |   |  |
| Estimated Assets  | to \$50 to  | 50,000,001 \$100,0<br>\$100 to \$500<br>willion million   | to \$1 billion \$1 to                       | ore than<br>billion   |  |
| Estimated Liabilities   | to \$50 to  | 50,000,001 \$100,0<br>\$100 to \$500<br>to \$100 million  | to \$1 billion \$1 to                       | ore than<br>billion   |  |

**B1** (Official Form 1) (12/11) Page 2 **Voluntary Petition** Name of Debtor(s): (This page must be completed and filed in every case.) David R. Sharrock All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.) Date Filed: Location Case Number: Where Filed: Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.) Name of Debtor: Case Number: Date Filed: District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is required to file periodic reports (e.g., forms 10K and (To be completed if debtor is an individual 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) whose debts are primarily consumer debts.) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. X No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) X Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and П Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1) (12/11) Page 3 **Voluntary Petition** Name of Debtor(s): David R. Sharrock (This page must be completed and filed in every case.) Signatures Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 (Check only one box.) or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. ☐ I request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I Certified copies of the documents required by 11 U.S.C. § 1515 are attached. have obtained and read the notice required by 11 U.S.C. § 342(b). Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States Code, chapter of title 11 specified in this petition. A certified copy of the specified in this petition. order granting recognition of the foreign main proceeding is attached. /s/David R. Sharrock X (Signature of Foreign Representative) Signature of Debtor X Signature of Joint Debtor (Printed Name of Foreign Representative) Telephone Number (if not represented by attorney) October 23, 2012 Date Date Signature of Attorney\* **Signature of Non-Attorney Bankruptcy Petition Preparer** /s/ John A. Polinko I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as Signature of Attorney for Debtor(s) defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have <u> John A. Polinko (0073967)</u> provided the debtor with a copy of this document and the notices and information Printed Name of Attorney for Debtor(s)
McDonald Hopkins I required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum Firm Name fee for services chargeable by bankruptcy petition preparers, I have given the debtor <u>600 Superior Avenue, East</u> notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is Address Suite 2100 Cleveland, OF 216-348-5400 attached. OH 44114 Telephone Number October 23, Printed Name and title, if any, of Bankruptcy Petition Preparer 2012 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or \*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Address Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. Date The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Signature of Authorized Individual Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an Printed Name of Authorized Individual individual.

If more than one person prepared this document, attach additional sheets conforming

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or

to the appropriate official form for each person.

both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Title of Authorized Individual

Date

# UNITED STATES BANKRUPTCY COURT

|           | District of _ |           |    |
|-----------|---------------|-----------|----|
|           |               |           |    |
| In re     |               | Case No   |    |
| Debtor(s) |               | (if known | 1) |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- □ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

| If the court is satisfied with the reasons stated in your motion, it will send you an  |
|--|
| order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed. |
| □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);  □ Active military duty in a military combat zone.                                  |
| $\Box$ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |
| I certify under penalty of perjury that the information provided above is true and correct.  |
| Signature of Debtor:   |
| Date:  |

# United States Bankruptcy Court

Northern District of Ohio

| In re David R. Sharrock | Case No.  |   |
|-------------------------|-----------|---|
| Debtor                  | Chapter _ | 7 |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS         | LIABILITIES    | OTHER       |
|---|----------------------|---------------|----------------|----------------|-------------|
| A - Real Property   | Yes                  | 5             | \$3,995,000.00 |                |             |
| B - Personal Property   | Yes                  | 4             | \$18,210.00    |                |             |
| C - Property Claimed as Exempt  | Yes                  | 1             |                |                |             |
| D - Creditors Holding<br>Secured Claims   | Yes                  | 3             |                | \$1,825,343.66 |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | Yes                  | 7             |                | \$44,327.80    |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | Yes                  | 53            |                | \$4,934,083.96 |             |
| G - Executory Contracts and<br>Unexpired Leases                                       | Yes                  | 5             |                |                |             |
| H - Codebtors   | Yes                  | 1             |                |                |             |
| I - Current Income of<br>Individual Debtor(s)   | Yes                  | 1             |                |                | \$49,752.00 |
| J - Current Expenditures of Individual Debtor(s)                                      | Yes                  | 1             |                |                | \$53,018.57 |
| Total   |                      | 29            | \$4,013,210.00 | \$6,803,755.42 |             |

# **United States Bankruptcy Court**

|       |        | Distric      | t Of    |  |
|-------|--------|--------------|---------|--|
| In re |        | <del>,</del> | Case No |  |
|       | Debtor |              |         |  |
|       |        |              | Chapter |  |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. $\S$ 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

 $\Box$  Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability  | Amount |
|--|--------|
| Domestic Support Obligations (from Schedule E)   | \$     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)   | \$     |
| Claims for Death or Personal Injury While Debtor Was<br>Intoxicated (from Schedule E) (whether disputed or undisputed) | \$     |
| Student Loan Obligations (from Schedule F)   | \$     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                   | \$     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                              | \$     |
| TOTAL  | \$     |

#### State the following:

| Average Income (from Schedule I, Line 16)  | \$ |
|--|----|
| Average Expenses (from Schedule J, Line 18)  | \$ |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20) | \$ |

#### **State the following:**

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  | \$ |
|--|----|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | \$ |
| 4. Total from Schedule F   | \$ |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               | \$ |

| In re | David R. Sharrock | Case No.   |
|-------|-------------------|------------|
|       | Debtor            | (If known) |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY  | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY PROPERTY | CURRENT VALUE OF<br>DEBTORS INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|---|--|--|--|-------------------------------|
| Church and Parking Lot<br>735 8th Avenue, Ashland, OH<br>Parcel No. 43-024-0-0056-00<br>* Note: One of several properties securing<br>claim.                                      | Fee Simple                                 |  | \$55,000.00  | \$410,234.00                  |
| Commericial Building and TV Tower 3333 Parcher Road, Bucyrus, OH Parcel Nos. 28-00-06660.000, 28-00-06656.003, 28-00-06660.100  * Note: One of several properties securing claim. | Fee Simple                                 |  | \$150,000.00   | \$167,167.00                  |
| Church and Parking Lot<br>4594 State Route 96, Bucyrus, OH<br>Parcel No. 28-0065196.00<br>* Note: One of several properties securing<br>claim.                                    | Fee Simple                                 | Н  | \$30,000.00  | \$410,234.00                  |
| Church 1652 Whetstone Street, Bucyrus,OH Parcel No. 44-0013850.000 * Note: One of several properties securing claim.  | Fee Simple                                 | J  | \$175,000.00   | \$143,709.00                  |
| Single Family<br>2933 State Route 97, Butler, OH<br>Parcel No. 049-12-002-16-000<br>* Note: One of several properties securing<br>claim.  | Fee Simple                                 |  | \$97,000.00  | \$410,234.00                  |
| Single Family<br>7725 Oldfield Road, Crestline, OH<br>Parcel No. 23-0005386.000   | Fee Simple                                 | J  | \$105,000.00   | \$240,974.00                  |

Debtor

| Case No    |  |
|------------|--|
| (If known) |  |

#### **SCHEDULE A - REAL PROPERTY**

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY   | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY PROPERTY | CURRENT VALUE OF<br>DEBTORS INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|--|--|-------------------------------|
| Church, Parking Lot and Modular<br>912 Edward Street, Galion, OH<br>Parcel No. 19-0022691.000 & 19-0065191.000<br>* Note: One of several properties securing<br>claim.             | Fee Simple                                 | J  | \$50,000.00  | \$410,234.00                  |
| Single Family<br>6270 Glade Avenue, Galion, OH<br>Parcel No. 31-17-09376.000 & 31-17-<br>09377.000<br>* Note: Secured by multiple properties.                                      | Fee Simple                                 |  | \$79,000.00  | \$143,709.00                  |
| Single Family<br>316 Kroft Aveue, Galion, OH<br>Parcel No. 19-00-25182.000<br>* Note: One of several properties securing<br>claim.   | Fee Simple                                 | J  | \$59,000.00  | \$143,709.00                  |
| Single Family<br>3872 Maxwell Drive, Lexington, OH<br>Parcel No. 047-26-048-16-000   | Fee Simple                                 | J  | \$95,000.00  | \$65,242.00                   |
| Single Family 40 Moffett Road, Lucas, OH Parcel No. 020-16-179-15-000, 020-16-179-16- 000, 020-16-179-17-000 & 020-16-179-14-000 * Note: One of several properties securing claim. | Fee Simple                                 | Н  | \$69,000.00  | \$410,234.00                  |
| Single Family<br>3323 Parcher Road, Bucyrus, OH<br>Parcel No. 28-0006660.000<br>* Note: One of several properties securing<br>claim.   | Fee Simple                                 | 1  | \$122,500.00   | \$167,167.00                  |
| Single Family<br>324 1st Street Avenue, Mansfield, OH<br>Parcel No. 027-05-114-02-000  | Fee Simple                                 | J  | \$30,000.00  | \$24,670.00                   |
| 12 Unit Apartment<br>92 West 2nd Street, Mansfield, OH<br>Parcel No. 027-0110815000  | Fee Simple                                 | J  | \$210,000.00   | None                          |
| Commericial Bldg.<br>2900 West 4th Street, Mansfield, OH<br>Parcel No. 038-60-179-07-000 & 038-60-179-<br>08-000   | Fee Simple                                 | J  | \$395,000.00   | \$168,489.00                  |

Debtor

Case No.\_\_\_\_\_(If known)

#### **SCHEDULE A - REAL PROPERTY**

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY  | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY PROPERTY | CURRENT VALUE OF<br>DEBTORS INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|---|--|--|--|-------------------------------|
| Commericial Bldg and Parking Lot<br>1399 Ashland Road, Mansfield, OH<br>Parcel No. 025-092-7214-001 and 025-092-<br>7214-000  | Fee Simple                                 | J  | \$279,000.00   | None                          |
| Church & Parking Lot<br>636 Brace, Mansfield, OH<br>Parcel No. 026-11-095-07-000, 026-11-088-06-<br>000, 026-11-088-07-000, and 026-11-500-24-<br>000<br>* Note: One of several properties securing<br>claim. | Fee Simple                                 | J  | \$60,000.00  | \$410,234.00                  |
| Church and Parking Lot<br>150 - 152 Cline Avenue, Mansfield, OH<br>Parcel No. 027-01-060-13-000<br>* Note: One of several properties securing<br>claim.   | Fee Simple                                 |  | \$74,500.00  | \$410,234.00                  |
| Commericial Bldg and House<br>2701 Crider Road, Mansfield, OH<br>Parcel No. 021-17-014-01-000<br>* Note: One of several properties securing<br>claim.   | Fee Simple                                 | Н  | \$120,000.00   | \$410,234.00                  |
| Church and Parking Lot<br>407 Dean Road, Mansfield, OH<br>Parcel No. 027-04-246-17-000 and 027-04-246-<br>18-000  | Fee Simple                                 |  | \$55,000.00  | None                          |
| Vacant Lot<br>South Diamond Street, Mansfield, OH<br>Parcel No. 028-90-021-08-000   | Fee Simple                                 |  | \$25,000.00  | None                          |
| Vacant Lot<br>2000 Fleming Road, Mansfield, OH<br>Parcel No. 021-17-018-04-000  | Fee Simple                                 |  | \$15,000.00  | None                          |
| Church and Parking Lot<br>259 Glessner Avenue, Mansfield, OH<br>Parcel No. 0270112434000<br>* Note: One of several properties securing<br>claim.  | Fee Simple                                 |  | \$400,000.00   | \$268,333.00                  |
| Two Single Family House<br>615 and 671 Karlson Dr., Mansfield, OH<br>Parcel No. 056-92-183-08-000 and 056-92-157-<br>03-000<br>* Note: One of several properties securing<br>claim.                           | Fee Simple                                 | J  | \$184,000.00   | \$268,333.00                  |

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| Debtor | D | el | bı | to | 1 |
|--------|---|----|----|----|---|
|--------|---|----|----|----|---|

| Case No    |  |
|------------|--|
| (If known) |  |

#### **SCHEDULE A - REAL PROPERTY**

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY  | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY PROPERTY | CURRENT VALUE OF<br>DEBTORS INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|---|--|--|--|-------------------------------|
| Office Building 993 Lexington Ave., Mansfield, OH Parcel No. 027-02-052-05-000 * Note: One of several properties securing claim.                        | Fee Simple                                 | Н  | \$150,000.00   | \$268,333.00                  |
| Single Family 1015 Lexington Ave., Mansfield, OH Parcel No. 027-07-099-12-000 * Note: One of several properties securing claim.                         | Fee Simple                                 | Н  | \$79,000.00  | \$268,333.00                  |
| Single Family<br>1831 Millsboro Road, Mansfield, OH<br>Parcel No. 037-28-029-08-000, 037-28-029-07-<br>000, 037-28-029-06-000 and 037-28-029-05-<br>000 | Fee Simple                                 | J  | \$225,000.00   | \$133,000.00                  |
| Commericial Bldg.<br>500 Park Avenue West, Mansfield, OH<br>Parcel No. 027-03-078-16-000  | Fee Simple                                 |  | \$110,000.00   | \$96,000.00                   |
| Single Family<br>1004 Springmill Street, Mansfield, OH<br>Parcel No. 026-11-146-05-000  | Fee Simple                                 | Н  | \$40,000.00  | None                          |
| Vacant Lot<br>State Route 309, Mansfield, OH<br>Parcel No. 038-60-207-09-000 and 038-60-207-<br>10-000  | Fee Simple                                 |  | \$99,000.00  | None                          |
| Single Family<br>29 Swanger Avenue, Mansfield, OH<br>Parcel No. 027-0600612.000   | Fee Simple                                 | Н  | \$25,000.00  | None                          |
| Single Family 790 Taylortown Road, Mansfield, OH Parcel No. 011-40-128-16-000 & 011-40-129- 01-003  | Fee Simple                                 | J  | \$125,000.00   | None                          |
| Single Family<br>380 R. Wayne Street, Mansfield, OH<br>Parcel No. 027-05-090-11-000   | Fee Simple                                 | J  | \$45,000.00  | None                          |
| Church and Parking Lot<br>667 Henry Street, Marion, OH<br>Parcel No. 12-319000.2800<br>* Note: One of several properties securing<br>claim.             | Fee Simple                                 | J  | \$35,000.00  | \$410,234.00                  |

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| In re _ | David R. Sharrock | Case No.   |
|---------|-------------------|------------|
|         | Debtor            | (If known) |

#### **SCHEDULE A - REAL PROPERTY**

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY                               | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY PROPERTY | CURRENT VALUE OF<br>DEBTORS INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|--|--|-------------------------------|
| Single Family<br>160 Dix Avenue, Marion, OH<br>Parcel No. 12-115000.9200 | Fee Simple                                 | Н  | \$29,000.00  | None                          |
| Single Family<br>29 Chantilly Terrace, Bay St. Louis, MS<br>Parcel No.   | Fee Simple                                 | Н  | \$99,000.00  | None                          |
|  |  | Total ->                                       | \$3,995,000.00   |                               |

(Report also on Summary of Schedules.)

| n re: David R. Sharrock | Case No. |  |
|-------------------------|----------|--|
|-------------------------|----------|--|

#### SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| 1. | TYPE OF PROPERTY  Cash on hand.  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY   | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION \$360.00 |
|----|--|------------------|---|---|
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | Mechanics Savings 971 Lexington Avenue Mansfield, OH 44907  Money Market Account #0160046748 Balance \$200.00  DRL Account Account #0177085532 Balance \$550.00 | 750.00  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.   | X                |   |   |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.   |                  | Rooms of Furniture located at 1624<br>Estate Court, Mansfield, OH 44906   | 7,000.00  |
| 5. | Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.   |                  | Old Bibles located at 1624 Estate<br>Court, Mansfield, OH 44906   | 1,500.00  |
| 6. | Wearing apparel.   |                  | Men's clothing located at 1624<br>Estate Court, Mansfield, OH 44906   | 500.00  |
| 7. | Furs and jewelry.  |                  | Jewelry located at 1624 Estate<br>Court, Mansfield, OH 44906  | 800.00  |
| 8. | Firearms and sports, photographic, and other hobby equipment.  |                  | 38 handguns located at 1624 Estate<br>Court, Mansfield, OH 44906  | 450.00  |

| TYPE OF PROPERTY  9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY  | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--|--|
| 10. Annuities. Itemize and name each issuer.  | X                |  |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension of profit sharing plans. Give particulars.   | X                |  |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |  |
| 14. Interest in partnerships or joint ventures. Itemize   |                  | David Trust Properties LLC  993 Lexington Avenue Mansfield, OH 44907 100% Membership  D&D Charity, LLC  993 Lexington Avenue Mansfield, OH 44907 50% Membership  D.R.L. Properties Trust, LLC  993 Lexington Avenue Mansfield, OH 44907 50% Membership  92 West 2 <sup>nd</sup> Street, LLC  993 Lexington Avenue Mansfield, OH 44907 50% Membership  2701 Crider Road, LLC  993 Lexington Avenue Mansfield, OH 44907 50% Membership | Unliquidated   |

|  |                  | T                                       |  |
|--|------------------|---|--|
| TYPE OF PROPERTY  15. Government and corporate bonds and other negotiable and non-negotiable   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
| instruments.   |                  |   |  |
| 16. Accounts receivables   |                  | Rent from Rental Properties             | 1,850  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.   | X                |   |  |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.   | X                |   |  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.   | X                |   |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance polity, or trust.   | X                |   |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give value of each.   | X                |   |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.  | X                |   |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.   | X                |   |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defied in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |  |

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY  | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--|--|
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. |                  | 1999 Dodge Durango 4x4 located at 1624 Estate Court, Mansfield, OH 44906                           | 2,500.00   |
| 26. Boats, motors, and accessories.                                    | X                |  |  |
| 27. Aircraft and accessories.  | X                |  |  |
| 28. Office equipment, furnishings, and supplies.                       |                  | Desk, table, 9 chairs, filing<br>cabinets, copy/fax machine<br>993 Lexington Road<br>Mansfield, OH | 2,500.00   |
| 29. Machinery, fixtures, equipment, and supplies used in business.     | X                |  |  |
| 30. Inventory.   | X                |  |  |
| 31. Animals.   | X                |  |  |
| 32. Crops – growing or harvested. Give particulars.                    | X                |  |  |
| 33. Farming equipment and implements.                                  | X                |  |  |
| 34. Farm supplies, chemicals, and feed.                                | X                |  |  |
| 35. Other personal property of any kind not already listed. Itemize.   | X                |  |  |
| TOTAL:   |                  |  | \$18,210.00  |

| B 6C (Official Form 6C) (12/07)  |            |
|----------------------------------|------------|
| In re <u>David R. Sharrock</u> , | Case No.   |
| Debtor                           | (If known) |

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box)   | \$136,875.  |
| □ 11 U.S.C. § 522(b)(2)   |   |
| ☑ 11 U.S.C. § 522(b)(3)   |   |

| DESCRIPTION OF<br>PROPERTY   | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--|--|----------------------------------|---|
| Real Property  | Ohio Rev. Code Ann.<br>§ 2329.66(A)(1)     | \$21,625                         | \$250,000.00  |
| Cash on Hand<br>Cash   | Ohio Rev. Code Ann.<br>§ 2329.66(A)(4)(a)  | \$225.00                         | \$360.00  |
| Checking Account   | Ohio Rev. Code Ann.<br>§ 2329.66(A)(4)(a)  | \$200.00                         | \$200.00  |
| Household Goods and Furnishings Debtor's Household Goods and Furnishings       | Ohio Rev. Code Ann.<br>§ 2329.66(A)(4)(b)  | \$7,000.00                       | \$7,000.00  |
| Wearing Apparel  | Ohio Rev. Code Ann.<br>§ 2329.66(A)(3)     | \$500.00                         | \$500.00  |
| Furs and Jewelry   | Ohio Rev. Code Ann.<br>§ 2329.66(A)(4)(C)  | \$800.00                         | \$800.00  |
| Interests in IRA, ERISA, Keogh,<br>or Other Pension or Profit Sharing<br>Plans | Ohio Rev. Code Ann.<br>§ 2329.66(A)(10)(C) | \$0.00                           | \$0.00  |
| Automobiles, Trucks, Trailers, and Other Vehicles                              | Ohio Rev. Code Ann.<br>§ 2329.66(A)(2)     | \$2,500.00                       | \$2,500.00  |

{3996831:}

| In re | David R. Sharrock | Case No |
|-------|-------------------|---------|
|       | Debtor            | (If kno |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H — Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED NATURE OF LIEN AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN                                       | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM<br>WITHOUT<br>DEDUCTING VALUE<br>OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|----------|--|--|------------|--------------|----------|--|---------------------------------|
| ACCOUNT NO.  Chase Bank P.O. Box 9001022 Louisville, KY 40290 US                                      | X        |  | Mortgage Loan No.<br>460966289001 for real<br>property located at 2900<br>West 4th Street, Mansfield,<br>OH                        |            |              |          | \$168,489.18   | Undetermined                    |
| ACCOUNT NO. Citizens Bank P.O. Box 5016 Sandusky, OH 44871 US   | X        |  | Value: Undetermined  Mortgage Loan No. 5017402 for real property located at 500 Park Avenue W., Mansfield, OH  Value: Undetermined |            |              |          | \$96,000.00  | Undetermined                    |
| ACCOUNT NO.  Citizens Bank P.O. Box 5016 Sandusky, OH 44871 US  | X        |  | Mortgage Loan No. 5019033 for real property located at 1831 Millsboro Road, Mansfield, OH  Value: Undetermined                     |            |              |          | \$133,000.00   | Undetermined                    |
| ACCOUNT NO.  First Federal of Ohio 140 N. Columbus Street Galion, OH 44833 US                         | X        |  | Mortgage Loan No.<br>303017779 for real<br>properties located (See<br>Attachment).   |            |              |          | \$143,708.95   | Undetermined                    |
|   |          |  | Subtotal ->  |            |              |          | \$541,198.13   | \$0.00                          |

Debtor

Case No.\_\_\_\_\_(If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED NATURE OF LIEN AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM<br>WITHOUT<br>DEDUCTING VALUE<br>OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|----------|--|--|------------|--------------|----------|--|---------------------------------|
| ACCOUNT NO.  First Federal of Ohio 140 N. Columbus Street Galion, OH 44833 US                         | X        |  | Mortgage Loan No. 04-<br>9161-03 for real property<br>located at 259 Glessner<br>Avenue, Mansfield, OH                                     |            |              |          | \$107,525.79   | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
| ACCOUNT NO.  First Federal of Ohio 140 N. Columbus Street Galion, OH 44833 US                         | X        |  | Mortgage Loan No.<br>303017672 for real<br>properties located at (See<br>Attachment 2).  |            |              |          | \$268,333.00   | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
| ACCOUNT NO.  First Federal of Ohio 140 N. Columbus Street Galion, OH 44833 US                         | X        |  | Mortgage Loan No.<br>0303018521 for real<br>propety located at 3323<br>Parcher Road, Bucyrus,<br>OH and 3333 Parcher<br>Road, Bucyrus, OH. |            |              |          | \$167,166.82   | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
| ACCOUNT NO. Garland Johnson 3535 State Route 602 Bucyrus, OH 44820 US                                 | X        |  | Mortgage for real property<br>located at 324 1st Ave.,<br>Mansfield, OH.   |            |              |          | \$24,670.36  | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
| ACCOUNT NO.  Mechanics Savings Bank 2 South Main Street Mansfield, OH 44902 US                        | X        |  | Morgage Loan No.<br>9930004014 for real<br>property located at 3872<br>Maxwell Rd., Lexington,<br>OH.                                      |            |              |          | \$65,242.08  | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
| ACCOUNT NO.  PNC Bank P.O. Box 856177 Louisville, KY 40285 US   |          |  | Mortgage Loan No.<br>4857058700000478 for<br>real property located at<br>7725 Oldfield Rd.,<br>Crestline, OH.                              |            |              |          | \$240,973.28   | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
| ACCOUNT NO. Sutton Bank P.O. Box 505 Attica, OH 44807 US  |          |  | Mortgage Loan No.<br>60446234 for real property<br>located at (See Attachment<br>3).   |            |              |          | \$410,234.20   | Undetermined                    |
|   |          |  | Value: Undetermined  |            |              |          |  |                                 |
|   |          |  | Subtotal ->  | •          | •            | •        | \$1,284,145.53   | \$0.00                          |

In re <u>David R. Sharrock</u> Debtor Case No.\_

(If known)

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED NATURE OF LIEN AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED   | DISPUTED | AMOUNT OF CLAIM<br>WITHOUT<br>DEDUCTING VALUE<br>OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|----------|--|--|------------|----------------|----------|--|---------------------------------|
| Subtotal ->   |          |  |  |            |                | \$0.00   | \$0.00   |                                 |
| Grand Total ->  |          |  |  |            | \$1,825,343.66 | \$0.00   |  |                                 |

**Debtor** 

| Case No    |  |
|------------|--|
| (If known) |  |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Sun

| nmary of Certain Liabilities and Related Data.   |
|--|
| Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority do not this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the istical Summary of Certain Liabilities and Related Data. |
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)   |
| ☐ Domestic Support Obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a  |
| trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales   |
| representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurrence of the original petition of the original petition.   |
| first, to the extent provided in 11 U.S.C. § 507(a)(4).  |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business,  |
| whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |

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adjustment.

In

| re _        | David R. Sharrock  | Case No.  |
|-------------|--|---|
|             | Debtor   | (If known)  |
| X           | Deposits by individuals  |   |
|             | Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for pe                              | rsonal, family, or household use, that were not delivered |
| or pi       | provided. 11 U.S.C. § 507(a)(7).   |   |
| $\boxtimes$ | Taxes and Certain Other Debts Owed to Governmental Units   |   |
|             | Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.                               | .C. § 507(a)(8).  |
|             | Commitments to Maintain the Capital of an Insured Depository Institution   |   |
|             | Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of                                       | the Currency, or Board of Governors of the Federal        |
| Rese        | erve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U                             | J.S.C. § 507 (a)(9).                                      |
|             | Claims for Death or Personal Injury While Debtor Was Intoxicated   |   |
| subs        | Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor w stance. 11 U.S.C. § 507(a)(10). | vas intoxicated from using alcohol, a drug, or another    |
| * A:        | amounts are subject to adjustment on April 1, 2013, and every three years thereafter with respect to c   | cases commenced on or after the date of                   |

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**Debtor** 

Case No.\_\_\_\_\_ (If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Deposits by individuals (Continuation Sheet)

Deposits by individuals

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM             | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|---|----------|--|--|------------|--------------|----------|-----------------------------------|--------------------------------------|--|
| ACCOUNT NO.  David and Marlene Petty II 671 Karlson Drive Mansfield, OH 44904 US                      |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$200.00                          | \$200.00                             | Undetermined   |
| ACCOUNT NO.  David D. Hanes 7725 Oldfield Road Crestline, OH 44827 US                                 |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$1,000.00                        | \$1,000.00                           | Undetermined   |
| ACCOUNT NO.  James L. Mullins 2933 State Route 97 Butler, OH 44822 US                                 |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | Х          |              |          | \$495.00                          | \$495.00                             | Undetermined   |
| ACCOUNT NO.  Jasmine Bucher 1015 Lexington Avenue Mansfield, OH 44907 US                              |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$299.00                          | \$299.00                             | Undetermined   |
| ACCOUNT NO.  Jerrio Brown and Lisa Finfgeld 92 West 2nd Street, Unit 12  Mansfield, OH 44902 US       |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$295.00                          | \$295.00                             | Undetermined   |
| ACCOUNT NO.  Jill Stall 316 Kroft Avenue Galion, OH 44833 US  |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$99.00                           | \$99.00                              | Undetermined   |
|   |          |  |  |            |              | (7       | Subtotal ->  Fotals of this page) | \$2,388.00                           | \$0.00   |

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**Debtor** 

Case No.\_\_\_\_\_ (If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

#### DEPOSITS BY INDIVIDUALS

(Continuation Sheet)

DEPOSITS BY INDIVIDUALS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM             | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|---|----------|--|--|------------|--------------|----------|-----------------------------------|--------------------------------------|--|
| ACCOUNT NO.  John and Carol Jacobson 29 Chantilly Terrace Bay St Louis, MO 39520 US                   |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$2,000.00                        | \$2,000.00                           | Undetermined   |
| ACCOUNT NO.  Kristen Clarke 160 Dix Street Marion, OH 43302 US  |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$550.00                          | \$550.00                             | Undetermined   |
| ACCOUNT NO.  Lauren Clark 92 West 2nd Street, Unite 7 Mansfield, OH 44902 US                          |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$250.00                          | \$250.00                             | Undetermined   |
| ACCOUNT NO.  Monique S. Sheridan 92 West 2nd Street, Unit 4 Mansfield, OH 44902 US                    |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$99.00                           | \$99.00                              | Undetermined   |
| ACCOUNT NO.  Nu Hope Church 636 Brace Street Mansfield, OH 44905 US                                   |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$1,327.00                        | \$1,327.00                           | Undetermined   |
| ACCOUNT NO.  Paster Logan Ambassador 152 Cline Avenue Mansfield, OH 44907 US                          |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$600.00                          | \$600.00                             | Undetermined   |
|   |          |  |  |            |              | (7       | Subtotal ->  Totals of this page) | \$4,826.00                           | \$0.00   |

**Debtor** 

Case No.\_\_\_\_\_ (If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

#### DEPOSITS BY INDIVIDUALS

(Continuation Sheet)

DEPOSITS BY INDIVIDUALS

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE AND<br>AN ACCOUNT NUMBER<br>(See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|---|----------|--|--|------------|--------------|----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO.   |          |  |  |            |              |          | \$249.00              | \$249.00                             | Undetermined   |
| Pastor David Howell<br>407 Dean Road<br>Mansfield, OH 44903<br>US   |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          |                       |                                      |  |
| ACCOUNT NO.   |          |  |  |            |              |          | \$99.00               | \$99.00                              | Undetermined   |
| Shirley and Rufus Mongague<br>92 West 2nd Street, Unit 10<br>Mansfield, OH 44902<br>US                            |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$77.00               | \$77.00                              | Chactorimaca   |
| ACCOUNT NO.   |          |  |  |            |              |          | \$99.00               | \$99.00                              | Undetermined   |
| Sierra Burton<br>92 West 2nd Street, Unit 2<br>Mansfield, OH 44902<br>US  |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          |                       |                                      |  |
| ACCOUNT NO.   |          |  |  |            |              |          | \$750.00              | \$750.00                             | Undetermined   |
| Steven and Cinta Sifred<br>363 Cherry Street<br>Galion, OH 44833<br>US  |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          |                       |                                      |  |
| ACCOUNT NO.   |          |  |  |            |              |          | \$99.00               | \$99.00                              | Undetermined   |
| Tamara Barrett Flamming Ferguson & Barrett 40 Moffett Road Lucas, OH 44843 US                                     |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$3,00                | \$7,100                              | o nacionalina  |
| ACCOUNT NO.   |          |  |  |            |              |          | \$310.00              | \$310.00                             | Undetermined   |
| Tikece Brent<br>92 West 2nd Street, Unit 1<br>Mansfield, OH 44902<br>US   |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          |                       |                                      |  |
|   |          |  |  |            |              |          | Subtotal ->           | \$1,606.00                           | \$0.00   |
|   |          |  |  |            |              | ľ        | Fotals of this page)  | Ψ1,000.00                            | φ0.00  |

**Debtor** 

Case No.\_\_\_\_\_\_(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

#### DEPOSITS BY INDIVIDUALS

(Continuation Sheet)

DEPOSITS BY INDIVIDUALS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM               | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|---|----------|--|--|------------|--------------|----------|-------------------------------------|--------------------------------------|--|
| ACCOUNT NO. Twila McFairen 92 West 2nd Street, Unit 6 Mansfield, OH 44902 US                          | -        |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$100.00                            | \$100.00                             | Undetermined   |
| ACCOUNT NO. Wendy Aronhalt 92 West 2nd Street, Unit 9 Mansfield, OH 44902 US                          |          |  | DEPOSITS BY<br>INDIVIDUALS                                   | X          |              |          | \$99.00                             | \$99.00                              | Undetermined   |
|   |          | 1  |  | 1          |              | (′       | Subtotal -><br>Fotals of this page) | \$199.00                             | \$0.00   |

**Debtor** 

Case No.\_\_\_\_\_\_
(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

#### TAXES AND CERTAIN OTHER DEBTS OWED TO GOVERNMENTAL UNITS

(Continuation Sheet)

TAXES AND CERTAIN OTHER DEBTS OWED TO GOVERNMENTAL UNITS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above)                | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                        | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--|----------|--|---|------------|--------------|----------|--|--------------------------------------|--|
| ACCOUNT NO. Joan Kasotis Marion County Auditor 222 West Center Street Marion, OH 43302 US                            |          |  | TAXES AND CERTAIN<br>OTHER DEBTS OWED<br>TO GOVERNMENTAL<br>UNITS   |            |              |          | \$962.87                                     | \$962.87                             | Undetermined   |
| ACCOUNT NO.  Patrick W. Dropsey Richland County Auditor 50 Park Avenue East Mansfield, OH 44902 US                   |          |  | TAXES AND CERTAIN<br>OTHER DEBTS OWED<br>TO GOVERNMENTAL<br>UNITS   | X          |              |          | \$25,000.00                                  | \$25,000.00                          | Undetermined   |
| ACCOUNT NO.  Phil Leibolt, Ashland County Auditor Ashland County Courthouse 142 West 2nd Street Ashland, OH 44805 US |          |  | TAXES AND CERTAIN<br>OTHER DEBTS OWED<br>TO GOVERNMENTAL<br>UNITS   |            |              |          | \$1,135.81                                   | \$1,135.81                           | Undetermined   |
| ACCOUNT NO.  Robin E. Hildebrand Crawford County Auditor 112 East Mansfield Street Bucyrus, OH 44820-0150 US         |          |  | TAXES AND CERTAIN<br>OTHER DEBTS OWED<br>TO GOVERNMENTAL<br>UNITS   |            |              |          | \$8,210.12                                   | \$8,210.12                           | Undetermined   |
| continuation sheets attached   |          |  | (Use only on last page of Schedule E. Report also of Schedules.)  | the co     | mple         | al ->    | Subtotal -> Totals of this page) \$44,327.80 | \$35,308.80                          | \$0.00   |
|  |          |  | (Use only on last page of<br>Schedule E. If applicable<br>the Statistical Summary of<br>Liabilities and Related D | , repor    | \$44,327.80  | \$0.00   |  |                                      |  |

| In re | David R. Sharrock | Case No.   |
|-------|-------------------|------------|
|       | Debtor            | (If known) |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CREDITOR'S NAME AND CODEBTOR DATE CLAIM WAS DISPUTED MAILING ADDRESS INCURRED AND AMOUNT INCLUDING ZIP CODE AND CONSIDERATION OF AN ACCOUNT NUMBER FOR CLAIM.
IF CLAIM IS SUBJECT TO CLAIM (See instructions Above) SETOFF, SO STATE. ACCOUNT NO. UNSECURED LOAN \$113,000.00 Anne Vaughn, Trustee 324 Chapman Way Lexington, OH 44904 ACCOUNT NO. DEBT \$14,022.43 Bank of America P.O. Box 15019 Mansfield, OH 44907-0524 ACCOUNT NO. UNSECURED LOAN \$234,572.00 Blane Finnegan 10 Harding Heights Blvd. Mansfield, OH 44905 Subtotal -> \$361,594.43

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<sup>9</sup> continuation sheets attached

Debtor

Case No.\_\_

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE AND<br>AN ACCOUNT NUMBER<br>(See instructions Above)                   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Bruce Edmonds<br>2149 Cotter Road<br>Mansfield, OH 44903<br>US  |          |  |   |            |              |          | \$1,120.00            |
| ACCOUNT NO.   |          |  | UTILITIES   |            |              |          |                       |
| CenturyLink<br>100 Century Tel Drive<br>Monroe, LA 60197-4300<br>US   |          |  |   |            |              |          | \$82.61               |
| ACCOUNT NO.   |          |  | DEBT  |            |              |          |                       |
| Citi Cards<br>P.O. Box 182564<br>Columbus, OH 43218-2564<br>US  |          |  |   |            |              |          | \$12,462.72           |
| ACCOUNT NO.   |          |  | UTILITIES   |            |              |          |                       |
| City of Mansfield - Water/Sewer Bill<br>Attn: Ms. Carter<br>Utility Collections<br>99 Park Avenue East<br>Mansfield, OH 44902<br>US |          |  |   |            |              |          | \$14.19               |
| ACCOUNT NO.   |          |  | UTILITIES   |            |              |          |                       |
| Columbia Gas of Ohio<br>200 Civic Center Drive<br>Columbus, OH 43215<br>US  |          |  |   |            |              |          | \$28.77               |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Denise King<br>1470 Harding Avenue<br>Mansfield, OH 44906<br>US   |          |  |   |            |              |          | \$64,981.60           |
|   | 1        |  | Subtotal ->   | 1          | l            | l        | \$78,689.89           |

Case No.\_\_\_\_\_(If known)

Debtor

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          | \$6,573.00            |
| Dennis Barr<br>1131 Monterey Drive<br>Mansfield, OH 44907<br>US                                       |          |  |   |            |              |          | \$0,373.00            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Diana Marsam<br>448 Markley Street<br>Ashland, OH 44805<br>US   |          |  |   |            |              |          | \$57,200.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Dorothy Brown<br>P.O. Box 5<br>Shiloh, OH 44878<br>US   |          |  |   |            |              |          | \$92,000.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Dwight Browning<br>Rd #1, Box 911<br>Perryville, OH 44864<br>US                                       |          |  |   |            |              |          | \$26,684.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Edward & Grace Weirs<br>3985 Weirs Street<br>Willard, OH 44890<br>US                                  |          |  |   |            |              |          | \$340,000.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Edward Ballitch<br>712 Hazlett Road<br>Butler, OH 44822<br>US   |          |  |   |            |              |          | \$63,700.00           |
|   |          |  | Subtotal ->   |            | I .          | I        | \$586,157.00          |

Case No.\_\_\_\_\_(If known)

Debtor

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Eldean Kessler<br>P.O. Box 175<br>New Haven, OH 44906<br>US   |          |  |   |            |              |          | \$49,200.00           |
| ACCOUNT NO.   |          |  | DEBT  |            |              |          |                       |
| FirstMerit Bankcard Center<br>P.O. Box 1499<br>Akron, OH 44309-1499<br>US                             |          |  |   |            |              |          | \$12,394.09           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          | 4                     |
| Gene Snell<br>7080 Co Rd 97<br>Mt Gilead, OH 43338<br>US  |          |  |   |            |              |          | \$967,000.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Gene Witzky<br>381 Fox Road<br>Lexington, OH 44904<br>US  |          |  |   |            |              |          | \$89,651.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Gerald Barr<br>10822 Downsville Pike<br>Hagerstown, MO 21740<br>US                                    |          |  |   |            |              |          | \$6,573.00            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Geraldine M. Pickelsimer<br>129 West Main Street<br>Box 94<br>Shiloh, OH 44878<br>US                  |          |  |   |            |              |          | \$58,000.00           |
|   |          |  | Subtotal ->   | •          |              | •        | \$1,182,818.09        |

Debtor

Case No.\_\_

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Glenn Maglott<br>616 Cline Avenue, Suite 203<br>Mansfield, OH 44907<br>US                             |          |  |   |            |              |          | \$30,000.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Gospel Assembly Church<br>196 Briarwood Road<br>Mansfield, OH 44907<br>US                             |          |  |   |            |              |          | \$148,424.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Joan B. & Elaine Ballitch<br>6723 Township Rd 13<br>Centerburg, OH 43011<br>US                        |          |  |   |            |              |          | \$115,767.76          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Larry Ferguson<br>1032 Bellmont<br>Mansfield, OH 44906<br>US  |          |  |   |            |              |          | \$1,250.00            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Mack Price, Trustee<br>1264 Grace Street<br>Mansfield, OH 44905<br>US                                 |          |  |   |            |              |          | \$768,000.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Marilyn Logan<br>254 Abbyfeale Road<br>Mansfield, OH 44907<br>US                                      |          |  |   |            |              |          | \$85,545.00           |
|   |          |  | Subtotal ->   |            | I            | I        | \$1,148,986.76        |

Debtor

Case No.\_\_\_

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Marilyn Predmore/ETC<br>P.O. Box 1529<br>Elyria, OH 44035<br>US                                       |          |  |   |            |              |          | \$50,186.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Marvin Barr<br>1052 County Road 2075<br>Ashland, OH 44805<br>US                                       |          |  |   |            |              |          | \$23,215.79           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Max Cover<br>337 South Street<br>Galion, OH 44833<br>US   |          |  |   |            |              |          | \$16,864.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Michael Viers/ETC<br>3560 Springmill Road<br>Mansfield, OH 44875<br>US                                |          |  |   |            |              |          | \$50,000.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Mildred Metcalf<br>448 Markley Street<br>Ashland, OH 44805<br>US                                      |          |  |   |            |              |          | \$9,700.00            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Nancy Catalino<br>761 Bennett Road<br>Angola, NY 14006<br>US  |          |  |   |            |              |          | \$60,000.00           |
|   | 1        |  | Subtotal ->   |            | I            | I        | \$209,965.79          |

Debtor

Case No.\_\_

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above)                                       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          | \$152.02¢.00          |
| Nancy Long<br>491 Overlook Road<br>Mansfield, OH 44907<br>US  |          |  |   |            |              |          | \$153,036.00          |
| ACCOUNT NO.   |          |  | UTILITIES   |            |              |          |                       |
| Ohio Edison<br>6896 Miller Road<br>Brecksville, OH 44141<br>US  |          |  |   | X          | X            | X        | Undetermined          |
| ACCOUNT NO.   |          |  | DEBT  |            |              |          |                       |
| PNC Bank<br>P.O. Box 856177<br>Louisville, KY 40285<br>US   |          |  |   |            |              |          | \$18,272.68           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Ramona Gilbert<br>2018 Farmdale<br>Mansfield, OH 44905<br>US  |          |  |   |            |              |          | \$21,500.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Regina D. Marie<br>8775 SW 211 Circle<br>Dunnelon, FL 34431<br>US   |          |  |   |            |              |          | \$9,700.00            |
| ACCOUNT NO.   |          |  | LAND CONTRACT   |            |              |          |                       |
| Residential Fund 118, LLC<br>Attn: Ed Crowder & Paul Konapelsky<br>c/o REMIC<br>901 Calle Amanacer, Ste 150<br>San Clemente, CA 92673<br>US |          |  |   | X          | X            | X        | \$50,246.38           |
|   | ı        |  | Subtotal ->   | - I        | 1            | 1        | \$252,755.06          |

Debtor

Case No.\_\_

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Richard & Marilyn Stein<br>597 Honeycreek Rd W<br>Bellville, OH 44813<br>US                           |          |  |   |            |              |          | \$108,000.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Richard F. Weber, Trustee<br>P.O. Box 5<br>Shiloh, OH 44878<br>US                                     |          |  |   |            |              |          | \$140,000.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Rita A. Studer<br>739 Pennsylvania Avenue<br>Mansfield, OH 44905<br>US                                |          |  |   |            |              |          | \$5,100.00            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Robert L. Halter<br>196 Briarwood Road<br>Mansfield, OH 44907<br>US                                   |          |  |   |            |              |          | \$148,424.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Ruby Cover<br>337 South Street<br>Galion, OH 44833<br>US  |          |  |   |            |              |          | \$22,000.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Russel Pitts/Equity Trust<br>P.O. Box 1529<br>Elyria, OH 44035<br>US                                  |          |  |   |            |              |          | \$91,577.00           |
|   | ı        |  | Subtotal ->   |            | 1            | I        | \$515,101.00          |

Case No.\_\_\_

Debtor

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Sam Snell/ETC<br>2350 Woodbury Road<br>Bellville, OH 44813<br>US  |          |  |   |            |              |          | \$243,600.00          |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Suzanne Barr<br>148 S. Linden<br>Mansfield, OH 44906<br>US  |          |  |   |            |              |          | \$6,573.00            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| The Winnie Wiersma Trust<br>Attn: Jack Weirsma<br>24510 Via ArribalLinda<br>Yorpa Linda, CA 92587<br>US |          |  |   |            |              |          | \$87,985.00           |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  |            |              |          |                       |
| Vickie Davis<br>20729 Canada Road<br>Gambier, OH 43022<br>US  |          |  |   |            |              |          | \$8,161.00            |
| ACCOUNT NO.   |          |  | DEBT  |            |              |          |                       |
| Visa<br>Customer Service<br>P.O. Box 30495<br>Tampa, FL 33630<br>US                                     |          |  |   |            |              |          | \$8,396.94            |
| ACCOUNT NO.   |          |  | UNSECURED LOAN  | 1          |              |          |                       |
| Wayne Harris<br>P.O. Box 23<br>Galion, OH 44833<br>US   |          |  |   |            |              |          | \$7,400.00            |
|   |          |  | Subtotal ->   |            |              |          | \$362,115.94          |

In re David R. Sharrock

Debtor

Case No.\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See instructions Above) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO.  Wilfred Predmore/ETC 1100 Cooblefield Drive Ontario, OH 44903 US                         | _        |  | UNSECURED LOAN  |            |              |          | \$154,900.00          |
| ACCOUNT NO. William H. Lomax P.O. Box 70 Middlesex, NY 14507 US                                       | -        |  | UNSECURED LOAN  |            |              |          | \$35,000.00           |
| ACCOUNT NO. William J. White P.O. Box 179 New Haven, OH 44850 US                                      | _        |  | UNSECURED LOAN  |            |              |          | \$46,000.00           |
|   | 1        |  | Subtotal ->   |            |              |          | \$235,900.00          |
|   |          |  | Total ->  |            |              |          | \$4,934,083.96        |

| In re: David R. Sharrock | Case No. |            |
|--------------------------|----------|------------|
| Debtor                   |          | (if known) |

### SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See U.S.C. § 112 and Fed. R. Bankr.P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT                 | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| Alonzo Gilmore and Pastor Stanford<br>92 West 2 <sup>nd</sup> Street, Unit 3<br>Mansfield, OH 44902 | Debtor is Lessor of Residential Property Lease   |
| Charles Lewis and Judy Phillips<br>324 1 <sup>st</sup> Avenue<br>Mansfield, OH 44904                | Debtor is Lessor of Residential Property Lease   |
| Church of God<br>735 8 <sup>th</sup> Avenue<br>Ashland, OH 44805                                    | Debtor is Lessor of Non-Residential Property<br>Lease  |
| David D. Hanes<br>7725 Oldfield Road<br>Crestline, OH 44827   | Debtor is Lessor of Residential Property Lease   |
| David and Marlene Petty II<br>671 Karlson Drive<br>Mansfield, OH 44904                              | Debtor is Lessor of Residential Property Lease   |
| Elmer Prater and Robin Adams<br>3323 Parcher Road<br>Bucyrus, OH 44820                              | Debtor is Lessor of Residential Property Lease   |
| James L. Mullins<br>2933 State Route 97<br>Butler, OH 44822   | Debtor is Lessor of Residential Property Lease   |

{4006712:}

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT  Jasmine Bucher 1015 Lexington Avenue Mansfield, OH 44907 | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.  Debtor is Lessor of Residential Property Lease |
|---|--|
| Jason Anderson R 912 Edwards Street Galion, OH 44833  | Debtor is Lessor of Residential Property Lease   |
| Jeffrey Saum<br>29 Swanger Avenue<br>Mansfield, OH 44902  | Debtor is Lessor of Residential Property Lease   |
| Jeremy and Tara Carney<br>615 Karlson Drive<br>Mansfield, OH 44904  | Debtor is Lessor of Residential Property Lease   |
| Jerrio Brown and Lisa Finfgeld<br>92 West 2nd Street, Unit 12<br>Mansfield, OH 44902  | Debtor is Lessor of Residential Property Lease   |
| Jessica Hunter<br>500 Park Avenue W<br>Mansfield, OH 44906  | Debtor is Lessor of Residential Property Lease   |
| Jill Stall<br>316 Kroft Avenue<br>Galion, OH 44833  | Debtor is Lessor of Residential Property Lease   |
| John Peppard<br>92 West 2nd Street, Unit 11<br>Mansfield, OH 44902  | Debtor is Lessor of Residential Property Lease   |
| John and Carol Jacobson<br>29 Chantilly Terrace Bay<br>St Louis, MO 39520   | Debtor is Lessor of Residential Property Lease   |
| Kristen Clarke<br>160 Dix Street<br>Marion, OH 43302  | Debtor is Lessor of Residential Property Lease   |

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT  | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| Lake and Crystal Salmons<br>3872 Maxwell Drive<br>Lexington, OH 44904                | Debtor is Lessor of Residential Property Lease   |
| Larry and Sharon Hartge<br>353 High Street<br>Mansfield, OH 44903                    | Debtor is Lessor of Residential Property Lease   |
| Lauren Clark<br>92 West 2nd Street, Unite 7<br>Mansfield, OH 44902                   | Debtor is Lessor of Residential Property Lease   |
| Louis and Sharon Blivins<br>1831 Millsboro Road<br>Mansfield, OH 44906               | Debtor is Lessor of Residential Property Lease   |
| Marcia Coey<br>2275 Lakewood Drive<br>Mansfield, OH 44905                            | Debtor is Lessor of Residential Property Lease   |
| Marcia Coey<br>1399 Ashland Road<br>Mansfield, OH 44905                              | Debtor is Lessor of Residential Property Lease   |
| Michael Elisa Schonatz<br>M.P.W Trust LLC<br>172 Sheets Drive<br>Mansfield, OH 44903 | Debtor is Lessor of Residential Property Lease   |
| Michael and Rose Mary Kuhm<br>790 Taylor-Town Road<br>Mansfield, OH 44903            | Debtor is Lessor of Residential Property Lease   |
| Mid-Ohio Collision Center<br>2900 W Fourth Street<br>Mansfield, OH 44906             | Debtor is Lessor of Non-Residential Property<br>Lease  |
| Monique S. Sheridan<br>92 West 2nd Street, Unit 4<br>Mansfield, OH 44902             | Debtor is Lessor of Residential Property Lease   |

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT   | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| Nu Hope Church<br>636 Brace Street<br>Mansfield, OH 44905   | Debtor is Lessor is Non-Residential Property<br>Lease  |
| Paster Logan<br>Ambassador<br>152 Cline Avenue<br>Mansfield, OH 44907   | Debtor is Lessor of Residential Property Lease   |
| Pastor David Howell<br>407 Dean Road<br>Mansfield, OH 44903   | Debtor is Lessor of Residential Property Lease   |
| Paul Fugutt<br>1004 Springmill Street<br>Mansfield, OH 44905  | Debtor is Lessor of Residential Property Lease   |
| Prevailing Word Ministries<br>1652 Whetstone Street<br>Bucyrus, OH 44820  | Debtor is Lessor of Non-Residential Property<br>Lease  |
| Residential Fund 118, LLC<br>Attn: Ed Crowder & Paul Konapelsky<br>c/o REMIC 901<br>Calle Amanacer, Ste 150<br>San Clemente, CA 92673 | Debtor is Lessor of Non-Residential Property<br>Lease  |
| Scott Logan<br>150 Cline Avenue<br>Mansfield, OH 44907  | Debtor is Lessor of Residential Property Lease   |
| Shirley and Rufus Mongague<br>92 West 2nd Street, Unit 10<br>Mansfield, OH 44902  | Debtor is Lessor of Residential Property Lease   |
| Sierra Burton<br>92 West 2nd Street, Unit 2<br>Mansfield, OH 44902  | Debtor is Lessor of Residential Property Lease   |

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| Stacie Houck 92 West 2nd Street, Unit 5 Mansfield, OH 44902                         | Debtor is Lessor of Residential Property Lease   |
| Steven and Cinta Sifred<br>363 Cherry Street<br>Galion, OH 44833                    | Debtor is Lessor of Residential Property Lease   |
| Studio 51 – TV 22<br>3333 Parcher Road<br>Bucyrus, OH 44820                         | Debtor is Lessor of Residential Property Lease   |
| Tamara Barrett Flamming Ferguson & Barrett 40 Moffett Road Lucas, OH 44843          | Debtor is Lessor of Residential Property Lease   |
| Terry Feldhake<br>2701 Crider Road<br>Mansfield, OH 44903                           | Debtor is Lessor of Residential Property Lease   |
| Tikece Brent 92 West 2 <sup>nd</sup> Street, Unit 1 Mansfield, OH 44902             | Debtor is Lessor of Residential Property Lease   |
| Torrance Stanford<br>92 West 2 <sup>nd</sup> Street, Unit 8<br>Mansfield, OH 44902  | Debtor is Lessor of Residential Property Lease   |
| Wanda Shaffer<br>4594 State Route 96<br>Bucyrus, OH 44820                           | Debtor is Lessor of Residential Property Lease   |
| Wendy Aronhalt<br>92 West 2 <sup>nd</sup> Street, Unit 9<br>Mansfield, OH 44902     | Debtor is Lessor of Residential Property Lease   |
| Wings of Faith Church<br>1030 Myers Avenue<br>Ashland, OH 44805                     | Debtor is Lessor of Non-Residential Property<br>Lease  |

Check this box if debtor has no codebtors.

| In re | David R. Sharrock | Case No.   |
|-------|-------------------|------------|
|       | Debtor            | (If known) |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| NAME AND ADDRESS OF CODEBTOR                               | NAME AND ADDRESS OF CREDITOR                                   |
|--|--|
| Doris Sharrock<br>1624 Estate Court<br>Mansfield, OH 44906 | Chase Bank P.O. Box 9001022 Louisville, KY 40290               |
| Doris Sharrock   | Citizens Bank  |
| 1624 Estate Court  | P.O. Box 5016  |
| Mansfield, OH 44906  | Sandusky, OH 44871   |
| Doris Sharrock   | First Federal of Ohio  |
| 1624 Estate Court  | 140 N. Columbus Street   |
| Mansfield, OH 44906  | Galion, OH 44833   |
| D.R.L. Properties Trust, LLC                               | First Federal of Ohio  |
| 993 Lexington Avenue                                       | 140 N. Columbus Street   |
| Mansfield, OH 44907  | Galion, OH 44833   |
| David Trust Properties LLC                                 | First Federal of Ohio  |
| 993 Lexington Avenue                                       | 140 N. Columbus Street   |
| Mansfield, OH 44907  | Galion, OH 44833   |
| D&D Charity LLC  | First Federal of Ohio  |
| 993 Lexington Avenue                                       | 140 N. Columbus Street   |
| Mansfield, OH 44907  | Galion, OH 44833   |
| Doris Sharrock   | Garland Johnson  |
| 1624 Estate Court  | 3535 State Route 602   |
| Mansfield, OH 44906  | Bucyrus, OH 44820  |
| M.P.W. Trust   | Garland Johnson  |
| 993 Lexington Avenue                                       | 3535 State Route 602   |
| Mansfield, OH 44907  | Bucyrus, OH 44820  |
| Doris Sharrock<br>1624 Estate Court<br>Mansfield, OH 44906 | Mechanics Savings Bank 2 South Main Street Mansfield, OH 44902 |
|  |  |

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| <b>R6I</b> | (Official | Form | <b>6T</b> ) | (12/07) |
|------------|-----------|------|-------------|---------|
|            |           |      |             |         |

| In re |        | <br>Case No. |            |
|-------|--------|--------------|------------|
|       | Debtor |              | (if known) |

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:  RELATIONSHIP(S):           |  | ENDENTS OF DEBTOR AND SPOUSE |  |     |  |
|--|--|------------------------------|--|-----|--|
|  |  | AGE(S):                      |  |     |  |
| Employment:  | DEBTOR   |                              | SPOUSE   |     |  |
| Occupation   |  |                              |  |     |  |
| Name of Employer                                     |  |                              |  |     |  |
| Tow long employe                                     | d  |                              |  | _   |  |
| Address of Employ                                    |  |                              |  |     |  |
| COME: (Estimate case i                               | of average or projected monthly income at time                   | DEBTOR                       | SPOUSE   |     |  |
| cuse .   |  | \$                           | \$   |     |  |
|  | ges, salary, and commissions                                     |                              |  |     |  |
| (Prorate if not pa                                   |  | \$                           | \$   |     |  |
| Estimate monthly                                     | overtime   |                              |  |     |  |
| SUBTOTAL   |  |                              |  |     |  |
|  |  | \$                           | <u> </u>   |     |  |
| LESS PAYROLL   |  | ¢                            | r.   |     |  |
| a. Payroll taxes a                                   | nd social security   | \$                           | <u> </u>   |     |  |
| <ul><li>b. Insurance</li><li>c. Union dues</li></ul> |  | \$\$                         |  |     |  |
|  | ):   | \$                           |  |     |  |
| u. Other (Speen)                                     |  |                              |  |     |  |
| SUBTOTAL OF I  | PAYROLL DEDUCTIONS   | \$                           | \$   |     |  |
| TOTAL NET MO   | NUTHER TABLE HOME DAY  | T.                           | <u> </u>   |     |  |
| TOTAL NET MO   | NTHLY TAKE HOME PAY  | \$                           | <u> </u>   |     |  |
| Regular income fr                                    | rom operation of business or profession or farm                  | \$                           | \$   |     |  |
| (Attach detailed                                     |  | <b>p</b>                     |  |     |  |
| Income from real                                     | property   | \$                           |  |     |  |
| Interest and divide                                  |  | \$                           |  |     |  |
|  | nance or support payments payable to the debtor for              | \$                           | <u> </u>   |     |  |
|  | se or that of dependents listed above<br>r government assistance |                              |  |     |  |
| (Specify):   | i government assistance  | <b>¢</b>                     | ¢  |     |  |
| Pension or retire                                    | ment income  | \$                           |  |     |  |
| Other monthly in                                     | ncome  | \$                           | \$   |     |  |
| (Specify):   |  | \$                           |  |     |  |
| GLIDTOTAL OF   | LINES 7 THROUGH 13   | ф                            | ¢  |     |  |
| SUBTUTAL OF  | LINES / THROUGH 13   | Φ                            | Φ  |     |  |
| AVERAGE MO   | NTHLY INCOME (Add amounts on lines 6 and 14)                     | \$                           | <u> </u>   |     |  |
|  |  | ď                            |  |     |  |
|  | ERAGE MONTHLY INCOME: (Combine column                            | \$_                          |  |     |  |
| als from line 15)                                    |  | (Report also on Su           | mmary of Schedules and, if applicable, mary of Certain Liabilities and Related D | 0.4 |  |

| In re |        | <b>,</b> | Case No.   |  |
|-------|--------|----------|------------|--|
|       | Debtor |          | (if known) |  |

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on allowed on Form22A or 22C. |   |
|---|---|
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete  | a separate schedule of expenditures labeled "Spouse." |
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$  |
| a. Are real estate taxes included? Yes No   |   |
| b. Is property insurance included? Yes No   |   |
| 2. Utilities: a. Electricity and heating fuel   | \$  |
| b. Water and sewer  | \$  |
| c. Telephone  | \$  |
| d. Other  | \$  |
| 3. Home maintenance (repairs and upkeep)  | \$  |
| 4. Food   | \$  |
| 5. Clothing   | \$  |
| 6. Laundry and dry cleaning   | \$  |
| 7. Medical and dental expenses  | \$  |
| 8. Transportation (not including car payments)  | \$  |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$  |
| 10.Charitable contributions   | \$  |
| 11.Insurance (not deducted from wages or included in home mortgage payments)  |   |
| a. Homeowner's or renter's  | \$  |
| b. Life   | \$  |
| c. Health   | \$  |
| d. Auto   | \$  |
| e. Other  | \$  |
| 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)   | \$  |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  |   |
| a. Auto   | \$  |
| b. Other  | \$  |
| c. Other  | \$  |
| 14. Alimony, maintenance, and support paid to others  | \$  |
| 15. Payments for support of additional dependents not living at your home   | \$  |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$  |
| 17. Other Investment property loan payments and unsecured note payments.  | \$  |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  | \$  |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the   | ne filing of this document:                           |
|   |   |

#### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ |
|--|----|
| b. Average monthly expenses from Line 18 above       | \$ |
| c. Monthly net income (a. minus b.)                  | \$ |

| B6 Declaration (Official Form 6 - Declaration) (12/07) |          |
|--|----------|
| In re  | Case No. |

Debtor

## **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

(if known)

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| Date  | Signature:  |
|---|---|
|   | Debtor  |
| Date  | Signature:  |
|   | (Joint Debtor, if any)  |
|   | [If joint case, both spouses must sign.]  |
|   | URE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)  |
| the debtor with a copy of this document and the notices as promulgated pursuant to 11 U.S.C. § 110(h) setting a max | ruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been simum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum botor or accepting any fee from the debtor, as required by that section. |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer  | Social Security No. (Required by 11 U.S.C. § 110.)  |
| If the bankruptcy petition preparer is not an individual, so<br>who signs this document.                            | tate the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner  |
|   |   |
| Address   |   |
| X   |   |
| Signature of Bankruptcy Petition Preparer   | Date  |
| Names and Social Security numbers of all other individua  | als who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:  |
| f more than one person prepared this document, attach a   | dditional signed sheets conforming to the appropriate Official Form for each person.  |
|   |   |
| 18 U.S.C. § 156.  | ovisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 116   |
| 18 U.S.C. § 156.  |   |
| DECLARATION UNDER PEN  I, the[ partnership] of the[   |   |
| DECLARATION UNDER PEN  I, the   | ALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP  [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have  |
| DECLARATION UNDER PEN  I, the   | ALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP  The president or other officer or an authorized agent of the corporation or a member or an authorized agent of the corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have of sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my                                       |

4006989

# UNITED STATES BANKRUPTCY COURT Northern District of Ohio

| IN RE: DAVID R. SHARROCK | CASE NO.   |
|--------------------------|------------|
| Debtor                   | (if known) |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do no disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CASE NO.\_

Debto

(if known)

| SOURCE |
|--------|
| S      |

\$100,000.00 2010 Operation of Business (loss)

\$14,940.00 2010 Social Security

\$100,000.00 2011 Operation of Business (loss)

\$14,940.00 2011 Social Security

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$6,000.00 2011 Sold policies with United American Insurance Company

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

 $\boxtimes$ 

a. *Individual or joint debtor(s) with primarily consumer debts*: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENT AMOUNT PAID AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

{4007099:}

2

CASE NO.\_

(if known)

| NAME AND ADDRESS OF<br>CREDITOR                                      | DATES OF<br>PAYMENTS/<br>TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT<br>STILL<br>OWING |
|--|------------------------------------|-----------------------------------|--------------------------|
| First Federal of Ohio<br>140 N. Columbus Street<br>Galion, OH 44833  | 08/28/12                           | \$7,914.15                        | See Schedule D           |
| Halligan & Lang Co., LPA<br>1149 E. Main Street<br>Ashland, OH 44085 | 08/15/12                           | \$49,000                          | None                     |

None

c. *All Debtors*: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT AMOUNT PAID

**COURT OR** 

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE<br>NUMBER                               | NATURE OF<br>PROCEEDING | AGENCY AND<br>LOCATION           | STATUS OR<br>DISPOSITION |
|--|-------------------------|----------------------------------|--------------------------|
| The United States of America v. David R. Sharrock, Case No. 1:12 | Indictment              | U.S. District<br>Court, Northern | Pending                  |
| CR028  |                         | District of Ohio                 |                          |

None

 $\boxtimes$ 

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| INDEA  | DAVID D | SHADDOCK   |  |
|--------|---------|------------|--|
| IN KE: | DAVID K | . SHARROCK |  |

Debtor

(if known)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

CASE NO.

#### 5. Repossessions, foreclosures and returns

#### None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE, SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

#### None

 $\boxtimes$ 

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

#### None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION OF COURT, CASE

NAME AND ADDRESS OF CUSTODIAN TITLE AND NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

| IN RE | : DAVID R. SHARROCK  |  | CASE NO.   |  |  |
|-------|--|--|--|--|--|
|       | Debtor   |  |  | (if known)   |  |
| None  | 7. <b>Gifts</b> List all gifts or charitable contribution case except ordinary and usual gifts member and charitable contribution chapter 12 or chapter 13 must inclupetition is filed, unless the spouses a | to family members aggrants aggregating less than ude gifts or contribution       | regating less than<br>1 \$100 per recipns by either or b | a \$200 in value per individual family<br>ient. (Married debtors filing under<br>both spouses whether or not a joint |  |
|       | NAME AND ADDRESS OF<br>PERSON OR ORGANIZATION  | RELATIONSHIP<br>TO DEBTOR, IF<br>ANY   | DATE OF<br>GIFT  | DESCRIPTION AND<br>VALUE GIFT  |  |
|       | Berean Baptist Church<br>2145 Middle Belleville Road<br>Mansfield, OH 44904  | None   | Weekly   | \$100 each week  |  |
| None  | List all losses from fire, theft, or<br>commencement of this case <b>or since</b><br>or chapter 13 must include losses by<br>spouses are separated and a joint peti  | the commencement of y either or both spouses                                     | this case. (Mais whether or not                          | rried debtors filing under chapter 12  |  |
|       | DESCRIPTION AND<br>VALUE OF<br>PROPERTY  | CIRCUMSTANCE<br>IF LOSS WAS COVI<br>WHOLE OR IN PA<br>INSURANCE, G<br>PARTICULAI | E AND,<br>ERED IN<br>ART BY<br>SIVE                      | DATE OF LOSS   |  |
|       | Fire Damage to:<br>1004 Springmill St.<br>Mansfield, OH  | Insurance claim paid \$40  | ),840.64   | 5/01/12  |  |
|       | 9. Payments related to debt couns  | seling or bankruptcy   |  |  |  |
| None  | List all payments made or property to<br>for consultation concerning debt conbankruptcy within <b>one year</b> immedia   | nsolidation, relief under  | the bankruptcy   | law or preparation of a petition in  |  |
|       | NAME AND ADDRESS<br>OF PAYEE   | DATE OF PAYN<br>NAME OF PAY<br>OTHER THAN D                                      | ER IF  | MOUNT OF MONEY OR DESCRIPTION AND ALUE OF PROPERTY   |  |

IN RE: DAVID R. SHARROCK

Debtor

CASE NO.

if known)

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

McDonald Hopkins LLC 600 Superior Avenue, East Suite 2100 8/25/2012 10/10/2012 \$25,000.00 10,000.00

Cleveland, OH 44114

BBP Partners
1111 Superior Avenue
Suite 1111

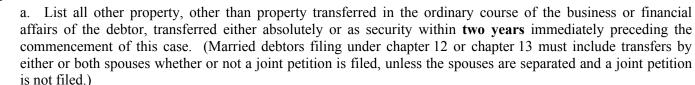
8/25/2012

\$7,500.00

Suite 1111 Cleveland, OH 44114

#### 10.a. Other transfers

## None



NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

#### None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

| IN RE: <u>David R. Sharrock</u> | CASE NO.   |
|---------------------------------|------------|
| Debtor                          | (if known) |

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF BANK
OR OTHER
DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None 🖂

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

| IN RE: <u>David R. Sharrock</u> | CASE NO.   |
|---------------------------------|------------|
| Debtor                          | (if known) |

#### 14. Property held for another person

None |

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

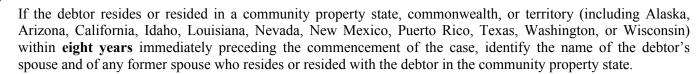
**ADDRESS** 

**NAME USED** 

DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None



**NAME** 

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

| IN RE: DAVID R. SHARROCK | CASE NO.   |
|--------------------------|------------|
| Debtor                   | (if known) |
|                          |            |
|                          |            |

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF ENV NOTICE

ENVIRONMENTAL LAW

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

ENVIRONMENTAL LAW

None

 $\boxtimes$ 

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS DOCKET STATUS OR OF GOVERNMENTAL UNIT NUMBER DEPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

CASE NO.\_

Debto

(if known)

| NAME                                  | LAST FOUR DIGITS<br>OF SOC. SEC. NO.,<br>COMPLETE EIN<br>OR OTHER<br>TAXPAYER I.D. NO. | ADDRESS                                    | NATURE OF<br>BUSINESS                      | BEGINNING<br>AND ENDING<br>DATES |
|---------------------------------------|--|--|--|----------------------------------|
| David Trust<br>Properties LLC         | 20-0324780   | 993 Lexington Avenue<br>Mansfield OH 44907 | Hold real property for investment purposes | 10/23/03 -<br>present            |
| D&D Charity, LLC                      | 20-1840857   | 993 Lexington Avenue<br>Mansfield OH 44907 | Hold real property for investment purposes | 10/23/03 -<br>present            |
| D.R.L. Properties<br>Trust, LLC       | 20-1840681   | 993 Lexington Avenue<br>Mansfield OH 44907 | Hold real property for investment purposes | 10/23/03 -<br>present            |
| Crider Road LLC                       | 35-2254253   | 993 Lexington Avenue<br>Mansfield OH 44907 | Hold real property for investment purposes | 09/25/07 – present               |
| 92 West 2 <sup>nd</sup> Street<br>LLC | 20-4542101   | 993 Lexington Avenue<br>Mansfield OH 44907 | Hold real property for investment purposes | 09/25/07 – present               |

#### None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

#### NAME

#### **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor; or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

#### DATES SERVICES RENDERED

| IN RE | DAVID R. SHARROCK                |  | CASE NO  |
|-------|----------------------------------|--|--|
|       | Debtor                           |  | (if known)   |
| None  |                                  | s who within <b>two years</b> immediat<br>unt and records, or prepared a finar | rely preceding the filing of this bankruptcy case ncial statement of the debtor.                         |
|       | NAME                             | ADDRESS  | DATES SERVICES<br>RENDERED   |
|       | Kessel & Associates, Inc.        | 1005 Lexington Avenue<br>Mansfield, OH 44907                                   | 3/10/87 - present  |
| None  | books of account and records of  |  | ncement of this case were in possession of the faccount and records are not available, explain.  ADDRESS |
| None  |                                  |  | uding mercantile and trade agencies, to whom a   |
|       | NAME AND                         | ADDRESS  | DATE ISSUED  |
| None  |                                  |  | erty, the name of the person who supervised the  |
|       | taking of each inventory, and th | ne dollar amount and basis of each   | inventory.  DOLLAR AMOUNT OF INVENTORY   |

{4007099:}

**DATE OF INVENTORY** 

INVENTORY

**SUPERVISOR** 

(Specify cost, market

or other basis)

| In re: | DAVID R. SHARROCK  |                                     | CASE NO.                                       |
|--------|--|-------------------------------------|--|
|        | Debtor   |                                     | (if known)                                     |
| None 🖂 | b. List the name and address of the a., above.   | person having possession of the rec | ords of each of the inventories reported in    |
|        |  |                                     | AND ADDRESSES OF<br>USTODIAN OF                |
|        | DATE OF INVENTO  |                                     | NTORY RECORDS                                  |
|        |  |                                     |  |
| None   | <ul><li>21. Current Partners, Officers, Di</li><li>a. If the debtor is a partnership, 1 partnership.</li></ul> |                                     | rtnership interest of each member of the       |
|        | NAME AND ADDRESS   | NATURE OF INTEREST                  | PERCENTAGE OF<br>INTEREST                      |
| None   |  |                                     | e corporation, and each stockholder who        |
|        | NAME AND ADDRESS   | TITLE                               | NATURE AND<br>PERCENTAGE OF<br>STOCK OWNERSHIP |

## 22. Former partners, officers, directors and shareholders

None 🖂

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

DATE OF
NAME ADDRESS WITHDRAWAL

| IN RE: DAVID R. SHARROCK | CASE NO. |
|--------------------------|----------|
| - ·                      |          |

Debtor

(if known)

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

Non

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF RECIPIENT RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group

None

 $\boxtimes$ 

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

| IN RE: DAVID R. SHARROCK Debtor |                    | CASE NO | (if known) |
|---------------------------------|--------------------|---------|------------|
|                                 | <u>DECLARATION</u> |         |            |

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date October 23, 2012

Signature:/s/ David R. Sharrock

Printed Name: David R. Sharrock

Title:

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571

|  | ict of                           |
|--|----------------------------------|
| In re,   | Case No                          |
| Debtor   | Chapter 7                        |
| CHAPTER 7 INDIVIDUAL DEBTO  PART A – Debts secured by property of the estate.  secured by property of the estate. Attach additional pages if n |                                  |
| Property No. 1   |                                  |
| Creditor's Name:   | Describe Property Securing Debt: |

| Property will be (check one):                               |                                  |
|---|----------------------------------|
| ☐ Surrendered ☐ Retain                                      | ed                               |
| If retaining the property, I intend to (check at least one) | :                                |
| ☐ Redeem the property                                       |                                  |
| ☐ Reaffirm the debt   |                                  |
| ☐ Other. Explain  | (for example, avoid lien         |
| using 11 U.S.C. § 522(f)).                                  |                                  |
|   |                                  |
| Property is (check one):                                    | - X - 1 - 1                      |
| ☐ Claimed as exempt   | ☐ Not claimed as exempt          |
| Property No. 2 (if necessary)                               | $\neg$                           |
| Creditor's Name:  | Describe Property Securing Debt: |
|   |                                  |
| Property will be (check one):                               |                                  |
| ☐ Surrendered ☐ Retain                                      | ed                               |
| If retaining the property, I intend to (check at least one) | :                                |
| ☐ Redeem the property                                       |                                  |
| ☐ Reaffirm the debt   |                                  |
| ☐ Other. Explain  | (for example, avoid lien         |
| using 11 U.S.C. § 522(f)).                                  |                                  |
|   |                                  |
| Droporty 10 (aback and)                                     |                                  |
| Property is (check one):  Claimed as exempt                 | ☐ Not claimed as exempt          |

B 8 (Official Form 8) (12/08)

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

| Property No. 1                |   |  |
|-------------------------------|---|--|
| Lessor's Name:                | Describe Leased Property:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO |
| Property No. 2 (if necessary) |   |  |
| Lessor's Name:                | Describe Leased Property:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO |
| Property No. 3 (if necessary) |   |  |
| Lessor's Name:                | Describe Leased Property:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO |
|                               | ched (if any)  perjury that the above indicates my in personal property subject to an unexp |  |
| Date:                         |   |  |
|                               | Signature of Debtor   |  |
|                               | Signature of Joint Debtor   |  |

B 8 (Official Form 8) (12/08)

## **CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

(Continuation Sheet)

#### **PART A - Continuation**

| Property No.  |               |                |  |
|---|---------------|----------------|--|
| Creditor's Name:  |               | Describe Prop  | erty Securing Debt:  |
| Property will be (check one):  Surrendered  If retaining the property, I intend to (check one)  Redeem the property Reaffirm the debt | ☐ Retained    |                |  |
| Other. Explain using 11 U.S.C. § 522(f)).   |               | (for ex        | ample, avoid lien  |
| Property is (check one): ☐ Claimed as exempt  |               | Not claimed as | exempt   |
| PART B - Continuation  Property No.   |               |                |  |
| Lessor's Name:  | Describe Leas | ed Property:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO |
| Property No.  |               |                |  |
| Lessor's Name:  | Describe Leas | ed Property:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):             |

## **CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

(Continuation Sheet)

## **PART A** – Continuation

| Property No. 4   |   |
|--|---|
| Creditor's Name:   | <b>Describe Property Securing Debt:</b> |
| First Federal of Ohio  | 316 Kroft Ave., Galion, OH              |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |   |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien                |
| Property is (check one): ☐ Claimed as exempt ☐   | Not claimed as exempt                   |
|  | 1                                       |
| Property No. 5   |   |
| Creditor's Name:   | Describe Property Securing Debt:        |
| First Federal of Ohio  | 363 Cherry Street, Galion, OH           |
| Property will be (check one):  Surrendered  Retained  If retaining the property, I intend to (check at least one)                                |   |
| ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)).  | (for example, avoid lien                |
| Property is <i>(check one)</i> :  ☐ Claimed as exempt ☐  | Not claimed as exempt                   |

| Property No. 6  |   |
|---|---|
| Creditor's Name:  | Describe Property Securing Debt:        |
| First Federal of Ohio   | 6270 Glade Ave., Galion, OH             |
| Property will be (check one):  Surrendered  Retained  If retaining the property, I intend to (check at least one)                           |   |
| Redeem the property  Reaffirm the debt  Other. Explain using 11 U.S.C. § 522(f)).   | (for example, avoid lien                |
| Property is (check one):  Claimed as exempt  Not claimed as exempt  |   |
|   |   |
| D ANG   | 1                                       |
| Property No. 7  |   |
| Creditor's Name:  | <b>Describe Property Securing Debt:</b> |
| First Federal of Ohio   | 1652 Whetstone St., Bucyrus, OH         |
| Property will be (check one):  ☑ Surrendered ☐ Retained   |   |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain (for example, avoid lien |   |
| using 11 U.S.C. § 522(f)).  Property is <i>(check one)</i> :  Claimed as exempt   | Not claimed as exempt                   |

| Property No. 8  |   |
|---|---|
| Creditor's Name:  | Describe Property Securing Debt:        |
| First Federal of Ohio   | 259 Glessner Avenue, Mansfield, OH      |
| Property will be (check one):  ☑ Surrendered ☐ Retained  If retaining the property, I intend to (check at least one):  ☐ Redeem the property              |   |
| Reaffirm the debt  Other. Explain using 11 U.S.C. § 522(f)).  | (for example, avoid lien                |
| Property is (check one):  Claimed as exempt  Not claimed as exempt  |   |
|   |   |
|   | 1                                       |
| Property No. 9  |   |
| Creditor's Name:  | <b>Describe Property Securing Debt:</b> |
| First Federal of Ohio   | 671 Karlson Dr., Mansfield, OH          |
| Property will be (check one):  ☑ Surrendered ☐ Retained   |   |
| If retaining the property, I intend to <i>(check at least one)</i> :  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain (for example, avoid lien |   |
| using 11 U.S.C. § 522(f)).  | (101 onumpre, wrote from                |
| Property is <i>(check one)</i> : ☐ Claimed as exempt ☐  | Not claimed as exempt                   |

| Property No. 10  |                                  |
|--|----------------------------------|
| Creditor's Name:   | Describe Property Securing Debt: |
| First Federal of Ohio  | 615 Karlson Dr., Mansfield, OH   |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |                                  |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien         |
| Property is (check one):  Claimed as exempt  Not claimed as exempt   |                                  |
|  |                                  |
|  |                                  |
| Property No. 11  |                                  |
| Creditor's Name:   | Describe Property Securing Debt: |
| First Federal of Ohio  | 501 Lawn Ave., Mansfield, OH     |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |                                  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain                               |                                  |
| Property is <i>(check one)</i> :  Claimed as exempt  | Not claimed as exempt            |

| Property No. 12  |                                    |
|--|------------------------------------|
| Creditor's Name:   | Describe Property Securing Debt:   |
| First Federal of Ohio  | 1015 Lexington Ave., Mansfield, OH |
| Property will be (check one):  ☑ Surrendered ☐ Retained  If retaining the property, I intend to (check at least one):    |                                    |
| Redeem the property  Reaffirm the debt  Other. Explain   |                                    |
| Property is (check one):  Claimed as exempt  Not claimed as exempt   |                                    |
|  |                                    |
|  | 1                                  |
| Property No. 13  |                                    |
| Creditor's Name:   | Describe Property Securing Debt:   |
| First Federal of Ohio  | 993 Lexington Ave., Mansfield, OH  |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |                                    |
| If retaining the property, I intend to (check at least one):  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain |                                    |
| Property is (check one):  Claimed as exempt  Not claimed as exempt   |                                    |

| Property No. 14   |                                  |
|---|----------------------------------|
| Creditor's Name:  | Describe Property Securing Debt: |
| First Federal of Ohio   | 3323 Parcher Road, Bucyrus, OH   |
| Property will be (check one):  ☑ Surrendered ☐ Retained   |                                  |
| If retaining the property, I intend to (check at least one):  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain                          |                                  |
| Property is (check one):  Claimed as exempt  Not claimed as exempt  |                                  |
|   |                                  |
| Property No. 15   |                                  |
| Creditor's Name:  | Describe Property Securing Debt: |
| First Federal of Ohio   | 3333 Parcher Road, Bucyrus, OH   |
| Property will be (check one):  ☑ Surrendered ☐ Retained   |                                  |
| If retaining the property, I intend to (check at least one):  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain (for example, avoid lien |                                  |
| using 11 U.S.C. § 522(f)).  |                                  |
| Property is <i>(check one)</i> : ☐ Claimed as exempt ☐  | Not claimed as exempt            |

| Property No. 16  |   |
|--|---|
| Creditor's Name:   | Describe Property Securing Debt:            |
| Garland Johnson  | 324 – 1 <sup>st</sup> Avenue, Mansfield, OH |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |   |
| If retaining the property, I intend to (check at least one)  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)).                     | (for example, avoid lien                    |
| Property is (check one):  Claimed as exempt  Not claimed as exempt   |   |
|  |   |
| Property No. 17  |   |
| Creditor's Name:   | <b>Describe Property Securing Debt:</b>     |
| Mechanics Savings Bank   | 3872 Maxwell Road, Lexington, OH            |
| Property will be (check one):  ☑ Surrendered □ Retained  |   |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is <i>(check one)</i> :  Claimed as exempt  | Not claimed as exempt                       |

| Property No. 18  |                                   |
|--|-----------------------------------|
| Creditor's Name:   | Describe Property Securing Debt:  |
| PNC Bank   | 7725 Oldfield Road, Crestline, OH |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |                                   |
| If retaining the property, I intend to (check at least one)  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | e): (for example, avoid lien      |
| Property is (check one):  Claimed as exempt  Not claimed as exempt   |                                   |
|  |                                   |
| Property No. 19  |                                   |
| Creditor's Name:   | Describe Property Securing Debt:  |
| Sutton Bank  | 636 Brace St., Mansfield, OH      |
| Property will be (check one):  Surrendered  Retained  If retaining the property, I intend to (check at least one):  Redeem the property            |                                   |
| ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)).  | (for example, avoid lien          |
| Property is <i>(check one)</i> :  Claimed as exempt  | Not claimed as exempt             |

| Property No. 20   |                                  |
|---|----------------------------------|
| Creditor's Name:  | Describe Property Securing Debt: |
| Sutton Bank   | 152 Cline Ave., Mansfield, OH    |
| Property will be (check one):  ☑ Surrendered □ Retained   |                                  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain(for example, avoid lien using 11 U.S.C. § 522(f)). |                                  |
| Property is (check one):  Claimed as exempt  Not claimed as exempt  |                                  |
|   |                                  |
|   | 1                                |
| Property No. 21   |                                  |
| Creditor's Name:  | Describe Property Securing Debt: |
| Sutton Bank   | 912 Edwards St., Galion, OH      |
| Property will be (check one):  ☑ Surrendered □ Retained   |                                  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain  |                                  |
| Property is <i>(check one)</i> :  ☐ Claimed as exempt ☐   | Not claimed as exempt            |

| Property No. 22  |   |
|--|---|
| Creditor's Name:   | Describe Property Securing Debt:        |
| Sutton Bank  | 667 Henry St., Marion, OH               |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |   |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien                |
| Property is (check one): ☐ Claimed as exempt ☐   | Not claimed as exempt                   |
|  |   |
|  | 1                                       |
| Property No. 23  |   |
| Creditor's Name:   | <b>Describe Property Securing Debt:</b> |
| Sutton Bank  | 428 Water St., Caledonia, OH            |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |   |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien                |
| Property is <i>(check one)</i> :  ☐ Claimed as exempt ☐  | Not claimed as exempt                   |

| Property No. 24  |                                       |
|--|---------------------------------------|
| Creditor's Name:   | Describe Property Securing Debt:      |
| Sutton Bank  | 735 8 <sup>th</sup> Ave., Ashland, OH |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |                                       |
| If retaining the property, I intend to (check at least one)  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien              |
| Property is <i>(check one)</i> :  ☐ Claimed as exempt ☐  | Not claimed as exempt                 |
|  |                                       |
|  |                                       |
| Property No. 25  |                                       |
| Creditor's Name:   | Describe Property Securing Debt:      |
| Sutton Bank  | 4594 State Route 96, Bucyrus, OH      |
| Property will be <i>(check one)</i> :  ☑ Surrendered ☐ Retained  |                                       |
| If retaining the property, I intend to (check at least one)  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. § 522(f)). |                                       |
| Property is <i>(check one)</i> :  ☐ Claimed as exempt ☐  | Not claimed as exempt                 |

| Property No. 26  |                                  |
|--|----------------------------------|
| Creditor's Name:   | Describe Property Securing Debt: |
| Sutton Bank  | 2701 Crider Rd., Mansfield, OH   |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |                                  |
| If retaining the property, I intend to (check at least one)  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien         |
| Property is <i>(check one)</i> :  ☐ Claimed as exempt  ☐   | Not claimed as exempt            |
|  |                                  |
|  | 1                                |
| Property No. 27  |                                  |
| Creditor's Name:   | Describe Property Securing Debt: |
| Sutton Bank  | 2933 State Route 97, Butler, OH  |
| Property will be <i>(check one)</i> :  ☑ Surrendered ☐ Retained  |                                  |
| If retaining the property, I intend to (check at least one)  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). |                                  |
| Property is (check one): ☐ Claimed as exempt ☐   | Not claimed as exempt            |

| Property No. 28  |   |
|--|---|
| Creditor's Name:   | <b>Describe Property Securing Debt:</b> |
| Sutton Bank  | 790 Taylor-Town Road, Mansfield, OH     |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |   |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). | (for example, avoid lien                |
| Property is (check one):  ☐ Claimed as exempt ☐  | Not claimed as exempt                   |
|  |   |
|  | -                                       |
| Property No. 29  |   |
| Creditor's Name:   | Describe Property Securing Debt:        |
| Sutton Bank  | 40 Moffett Rd., Lucas, OH               |
| Property will be (check one):  ☑ Surrendered ☐ Retained  |   |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain using 11 U.S.C. § 522(f)). |   |
| Property is <i>(check one)</i> :  Claimed as exempt  | Not claimed as exempt                   |

## United States Bankruptcy Court

|    |   | Distri                        | ct Of  | _                       |
|----|---|-------------------------------|--|-------------------------|
| In | re  |                               |  |                         |
|    |   |                               | Case No.   |                         |
| De | ebtor   |                               | Chapter  |                         |
|    | DISCLOSURE  | E OF COMPENSATIO              | ON OF ATTORNEY FOR   | DEBTOR                  |
| 1. | named debtor(s) and that bankruptcy, or agreed to   | compensation paid to me v     | 016(b), I certify that I am the attornation one year before the filing rendered or to be rendered on uptcy case is as follows: | g of the petition in    |
|    | For legal services, I have                          | agreed to accept              |  | \$                      |
|    | Prior to the filing of this s                       | tatement I have received .    |  | \$                      |
|    | Balance Due   |                               |  | \$                      |
| 2. | The source of the compe                             | nsation paid to me was:       |  |                         |
|    | Debtor  | Other (specify)               |  |                         |
| 3. | The source of compensati                            | ion to be paid to me is:      |  |                         |
|    | ☐ Debtor  | Other (specify)               |  |                         |
| 4. | I have not agreed to st<br>members and associate    |                               | ompensation with any other per   | son unless they are     |
|    | members or associates                               |                               | ensation with a other person or f the agreement, together with a led.  |                         |
| 5. | In return for the above-discase, including:         | sclosed fee, I have agreed to | o render legal service for all asp   | pects of the bankruptcy |
|    | a. Analysis of the debtor to file a petition in bar |                               | endering advice to the debtor in   | n determining whether   |
|    | b. Preparation and filing                           | of any petition, schedules,   | statements of affairs and plan w   | hich may be required;   |
|    | c. Representation of the hearings thereof;          | debtor at the meeting of cre  | editors and confirmation hearin  | g, and any adjourned    |

#### **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)**

d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; e. [Other provisions as needed] 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: **CERTIFICATION** I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. /s/ John A. Polinko Date Signature of Attorney Name of law firm

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OHIO EASTERN DIVISION

| In re:             | . )           |
|--------------------|---------------|
|                    | ) Case No. 12 |
| DAVID R. SHARROCK, | )             |
|                    | ) Chapter 7   |
| Debtor.            | )             |
|                    | )             |
|                    | )             |
|                    | )             |

#### **DECLARATION CONCERNING THE CREDITOR MATRIX**

I, David R. Sharrock, declare under penalty of perjury that I have reviewed the foregoing Creditor Matrix and the information contained therein is true and correct to the best of my information and belief.

Dated: October 23, 2012 /s/ David R. Sharrock

Name: David R. Sharrock

ALONZO GILMORE AND PASTOR RUSSELL STANFORD 92 W 2ND ST., #3 MANSFIELD, OH 44902

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BRUCE EDMONDS 2149 COTTER ROAD MANSFIELD, OH 44903

CENTURYLINK 100 CENTURY TEL DRIVE MONROE, LA 71203

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CHARLES LEWIS & JUDY PHILLIPS 324 1ST AVE. MANSFIELD, OH 44902

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CHURCH OF GOD 735 - 8TH AVENUE ASHLAND, OH 44805

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PREVAILING WORD MINISTRIES 1652 WHETSTONE ST. BUCYRUS, OH 44820

RAMONA GILBERT 2018 FARMDALE MANSFIELD, OH 44905

REGINA D. MARIE 8775 SW 211 CIRCLE DUNNELON, FL 34431

RESIDENTIAL FUNDS 118 LLC C/O REMIC 901 CALLE AMANACER, STE 150 ATTN: PAUL KONAPELSKY SAN CLEMENTE, CA 92673

RICHARD & MARILYN STEIN 597 HONEYCREEK RD W BELLVILLE, OH 44813

RICHARD F. WEBER, TRUSTEE P.O. BOX 5 SHILOH, OH 44878

RITA A. STUDER 739 PENNSYLVANIA AVENUE MANSFIELD, OH 44905

{4020588:}

ROBERT L. HALTER 196 BRIARWOOD ROAD MANSFIELD, OH 44907

ROBIN E. HILDEBRAND CRAWFORD COUNTY AUDITOR 112 E. MANSFIELD STREET BUCYRUS, OH 44820-0150

RUBY COVER 337 SOUTH STREET GALION, OH 44833

RUSSEL PITTS/EQUITY TRUST P.O. BOX 1529 ELYRIA, OH 44035

SAM SNELL/ETC 2350 WOODBURY ROAD BELLVILLE, OH 44813

SCOTT LOGAN 150 CLINE AVENUE MANSFIELD, OH 44907

SHIRLEY & RUFUS MONGAGUE 92 W 2ND ST., #10 MANSFIELD, OH 44902

SIERRA BURTON 92 W 2ND ST., #2 MANSFIELD, OH 44902

STACIE HOUCK 92 W 2ND ST., #5 MANSFIELD, OH 44902

STEVEN AND CINTA SIFRED 363 CHERRY ST. GALION, OH 44833

STUDIO 51 - TV-22 3333 PARCHER RD. BUCYRUS, OH 44820 SUTTON BANK P.O. BOX 505 ATTICA, OH 44807

SUZANNE BARR 148 S. LINDEN MANSFIELD, OH 44906

TAMARA BARRETT FLAMMING FERGUSON & BARRETT 40 MOFFETT RD. LUCAS, OH 44843

TERRY FELDHAKE 2701 CRIDER RD. MANSFIELD, OH 44903

THE WINNIE WIERSMA TRUST ATTN: JACK WEIRSMA 24510 VIA ARRIBALINDA YORPA LINDA, CA 92587

TIKECE BRENT 92 W 2ND ST., #1 MANSFIELD, OH 44902

TORRANCE STANFORD 92 W 2ND ST., #8 MANSFIELD, OH 44902

TWILA MCFAIREN 92 W 2ND ST., #6 MANSFIELD, OH 44902

VICKIE DAVIS 20729 CANADA ROAD GAMBIER, OH 43022

VISA CUSTOMER SERVICE P.O. BOX 30495 TAMPA, FL 33630 WANDA SHAFFER 4594 ST. RT. 96 BUCYRUS, OH 44820 WAYNE HARRIS P.O. BOX 23 GALION, OH 44833

WENDY ARONHALT 92 W 2ND ST., #9 MANSFIELD, OH 44902

WILFRED PREDMORE/ETC 1100 COOBLEFIELD DRIVE ONTARIO, OH 44903

WILLIAM H. LOMAX P.O. BOX 70 MIDDLESEX, NY 14507

WILLIAM J. WHITE P.O. BOX 179 NEW HAVEN, OH 44850

WINGS OF FAITH CHURCH 1030 MYERS AVE. ASHLAND, OH 44805

| In re David R. Sharrock | According to the information required to be entered on this statement                                      |
|-------------------------|--|
| Debtor(s)               | (check one box as directed in Part I, III, or VI of this statement):                                       |
| Case Number: (If known) | ☐ The presumption arises. ☐ The presumption does not arise. ☐ The presumption is temporarily inapplicable. |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

|    | Part I. MILITARY AND NON-CONSUMER DEBTORS  |
|----|--|
|    | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
| 1A | Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).  |
| 1B | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |
|    | ☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.  |
| 1C | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.  Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard |
|    | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  OR  b.   I am performing homeland defense activity for a period of at least 90 days /or/  |
|    | I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.   |

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|   | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) I  |  |  |  |           |                          | N                        |
|---|---|--|--|--|-----------|--------------------------|--------------------------|
|   | Marita  | al/filing status. Check the box that applies and co  | omplete the                              | balance of this part of  | this      | statement as dir         | rected.                  |
|   | a. 🔲 U  | Unmarried. Complete only Column A ("Debtor   | 's Income'                               | ) for Lines 3-11.  |           |                          |                          |
| 2 | pe<br>ar  | Married, not filing jointly, with declaration of septenalty of perjury: "My spouse and I are legally see living apart other than for the purpose of evadinomplete only Column A ("Debtor's Income") is   | parated und<br>ng the requi              | ler applicable non-bank<br>frements of § 707(b)(2)(                              | rupto     | cy law or my sp          | ouse and I               |
|   |   | Married, not filing jointly, without the declaration   |  |  |           | 2.b above. Cor           | nplete both              |
|   |   | olumn A ("Debtor's Income") and Column B ( Married, filing jointly. Complete both Column A   | _  |  |           | ? ("Snougo's I           | noomo'') for             |
|   |   | ines 3-11.   | A ( Debtor                               | s income ) and colu  | 1111 1    | o ( Spouse s II          | icome / for              |
|   | the six<br>month  | ures must reflect average monthly income received calendar months prior to filing the bankruptcy calefore the filing. If the amount of monthly incomivide the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six, and enter the residual control of the six-month total by six-month to | ase, ending<br>ne varied d               | on the last day of the<br>luring the six months, ye                              |           | Column A Debtor's Income | Column B Spouse's Income |
| 3 | Gross   | wages, salary, tips, bonuses, overtime, commis   | ssions.                                  |  |           | \$                       | \$                       |
| 4 | and en<br>busine<br>Do not  | ter the difference in the appropriate column(s) of ss, profession or farm, enter aggregate numbers at enter a number less than zero. Do not include and on Line b as a deduction in Part V.  | Line 4. If yand provide                  | you operate more than o<br>details on an attachmer                               | ne<br>it. |                          |                          |
| 4 | a.  | Gross receipts   | \$                                       |  |           |                          |                          |
|   | b.  | Ordinary and necessary business expenses   | \$                                       |  |           |                          |                          |
|   | c.  | Business income  | Subtract                                 | Line b from Line a   |           | \$                       | \$                       |
|   | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. |  |  |  |           |                          |                          |
| 5 | a.  | Gross receipts   | \$                                       |  |           |                          |                          |
|   | b.  | Ordinary and necessary operating expenses  | \$                                       |  |           |                          |                          |
|   | c.  | Rent and other real property income  | Subtract                                 | Line b from Line a   |           | \$                       | \$                       |
| 6 | 6 Interest, dividends and royalties.  |  |  |  |           | \$                       | \$                       |
| 7 | Pensio  | on and retirement income.  |  |  |           | \$                       | \$                       |
| 8 | expense<br>purpo<br>your sp   | mounts paid by another person or entity, on a ses of the debtor or the debtor's dependents, in se. Do not include alimony or separate maintena pouse if Column B is completed. Each regular pan; if a payment is listed in Column A, do not repo   | ncluding cl<br>nce payment<br>nyment sho | nild support paid for the<br>nts or amounts paid by<br>uld be reported in only o |           | \$                       | \$                       |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in |  |  |  |           |                          |                          |
|   |   | nployment compensation claimed to benefit under the Social Security Act Debtor \$ _  |  | Spouse \$  |           | \$                       | \$                       |

| B 22A (Of | icial Form 22A) (Chapter 7) (12/10)  |   |                    | 3      |  |  |  |
|-----------|--|---|--------------------|--------|--|--|--|
| 10        | Income from all other sources. Specify source and amount. If necessar sources on a separate page. Do not include alimony or separate maint paid by your spouse if Column B is completed, but include all other alimony or separate maintenance. Do not include any benefits receive Security Act or payments received as a victim of a war crime, crime against victim of international or domestic terrorism. | tenance payments payments of d under the Social |                    |        |  |  |  |
|           | a.   | \$  |                    |        |  |  |  |
|           | b.   | \$  |                    |        |  |  |  |
|           | Total and enter on Line 10   |   | \$                 | \$     |  |  |  |
| 11        | <b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thr and, if Column B is completed, add Lines 3 through 10 in Column B. Ed   |   | \$                 | \$     |  |  |  |
| 12        | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been Line 11, Column A to Line 11, Column B, and enter the total. If Column completed, enter the amount from Line 11, Column A.   |   | \$                 |        |  |  |  |
|           | Part III. APPLICATION OF § 707(b)(7  | 7) EXCLUSION                                    |                    |        |  |  |  |
| 13        | <b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the at 12 and enter the result.   | mount from Line 12 b                            | y the number       | \$     |  |  |  |
| 14        | <b>Applicable median family income.</b> Enter the median family income for size. (This information is available by family size at <a href="https://www.usdoj.gov/ustbankruptcy">www.usdoj.gov/ustbankruptcy</a> court.)  |   |                    |        |  |  |  |
|           | a. Enter debtor's state of residence: b. Enter debtor's household size: \$   |   |                    |        |  |  |  |
|           | Application of Section 707(b)(7). Check the applicable box and proceed   | d as directed.                                  |                    |        |  |  |  |
| 15        | ☐ The amount on Line 13 is less than or equal to the amount on Lin not arise" at the top of page 1 of this statement, and complete Part V  |   |                    |        |  |  |  |
|           | ☐ The amount on Line 13 is more than the amount on Line 14. Con  | nplete the remaining p                          | arts of this state | ement. |  |  |  |
|           |  |   |                    |        |  |  |  |

### Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

| Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    S |    | Part IV. CALCULATION OF (  | CURRENT MONTHLY INCOME FOR § 707   | (b)(2) |  |  |  |  |
|--|----|--|--|--------|--|--|--|--|
| Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    S  | 16 | 16 Enter the amount from Line 12.  |  |        |  |  |  |  |
| Total and auton on Line 17   | 17 | Line 11, Column B that was NOT paid on a r debtor's dependents. Specify in the lines belo payment of the spouse's tax liability or the sp dependents) and the amount of income devot a separate page. If you did not check box at a.  b. | regular basis for the household expenses of the debtor or the low the basis for excluding the Column B income (such as bouse's support of persons other than the debtor or the debted to each purpose. If necessary, list additional adjustmen Line 2.c, enter zero. | tor's  |  |  |  |  |

|   |  | Part V. CALCUI                  | LATION OF  | DEL    | OCTION      | S FRUM INCU     | WIE          |    |
|---|--|---------------------------------|--|--------|-------------|-----------------|--------------|----|
|   |  | Subpart A: Deductions u         | ınder Standa                                       | ards ( | of the Inte | rnal Revenue Se | ervice (IRS) |    |
| 19A   | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This  |                                 |  |        |             |                 |              | \$ |
| 19B   | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons |                                 |  |        |             |                 |              | 5  |
|   | Perso  | ons under 65 years of age       |  | Pers   | 1           | of age or older | T            |    |
|   | a1.  | Allowance per person            |  | a2.    | Allowance   | per person      |              |    |
|   | b1.  | Number of persons               |  | b2.    | Number of   | persons         |              |    |
|   | c1.  | Subtotal                        |  | c2.    | Subtotal    |                 |              | \$ |
| 20A   | consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.   |                                 |  |        |             |                 |              |    |
| 20B   | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  |                                 |  |        |             |                 |              |    |
|   | a.   | IRS Housing and Utilities Stand | nd Utilities Standards; mortgage/rental expense \$ |        |             | \$              |              |    |
|   | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$   |                                 |  |        |             |                 |              |    |
| c. Net mortgage/rental expense Subtract Line b from |  |                                 |  |        |             | m Line a.       | \$           |    |
| 21  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for   |                                 |  |        |             |                 |              |    |
|   |  |                                 |  |        |             |                 |              |    |
|   |  |                                 |  |        |             |                 |              | \$ |

|     | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  |  |                              |    |  |
|-----|--|--|------------------------------|----|--|
| 22A | Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.   |  |                              |    |  |
|     | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)                      |  |                              |    |  |
| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |  |                              | \$ |  |
|     | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  |  |                              |    |  |
| 23  | Inter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>  |  |                              |    |  |
|     | a.   | IRS Transportation Standards, Ownership Costs                                    | \$                           |    |  |
|     | b.   | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$                           |    |  |
|     | c.   | Net ownership/lease expense for Vehicle 1  | Subtract Line b from Line a. | \$ |  |
|     | <b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.  |  |                              |    |  |
| 24  | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b>  |  |                              |    |  |
|     | a.   | IRS Transportation Standards, Ownership Costs                                    | \$                           |    |  |
|     | b.   | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$                           |    |  |
|     | c.   | Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a. | \$ |  |
| 25  | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  |  |                              | \$ |  |
| 26  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions   |  |                              | \$ |  |
| 27  | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole   |  |                              | \$ |  |
|     | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are  |  |                              |    |  |
| 28  | required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.   |  |                              | \$ |  |

| D 22A (C  | miciai Foili   | 1 22A) (Chapter 7) (12/10)                                   |                   |    |    |
|---|--|--|-------------------|----|----|
| 29  | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |  |                   | \$ |    |
| 30  | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  |  |                   | \$ |    |
| 31  | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   |  |                   | \$ |    |
| 32  | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. |  |                   | \$ |    |
| 33  | Total Ex   | xpenses Allowed under IRS Standards. Enter the total of Line | es 19 through 32. |    | \$ |
| Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 |  |  |                   |    |    |
|   | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  |  |                   |    |    |
|   | a.   | Health Insurance   | \$                |    |    |
| 34  | b.   | Disability Insurance   | \$                |    |    |
|   | c.   | Health Savings Account                                       | \$                |    |    |
|   | Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  |  |                   | \$ |    |
| 35  | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  |  |                   | \$ |    |
| 36  | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  |  |                   | \$ |    |
| 37  | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  |  |                   | \$ |    |
| 38  | with documentation of your actual expenses, and you must explain why the amount claimed is   |  |                   | \$ |    |

<sup>\*</sup>Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.   |                     |                            |                                 | al                                       |    |  |
|----|--|---------------------|----------------------------|---------------------------------|--|----|--|
| 40 | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   |                     |                            |                                 |  |    |  |
| 41 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40   |                     |                            |                                 |  | \$ |  |
|    | -  |                     | Subpart C: Deductions for  | Debt Payment                    |  |    |  |
|    | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.   |                     |                            |                                 | the<br>he                                |    |  |
| 42 |  | Name of<br>Creditor | Property Securing the Debt | Average<br>Monthly<br>Payment   | Does payment include taxes or insurance? |    |  |
|    | a.   |                     |                            | \$                              | □ yes □ no                               |    |  |
|    | b.   |                     |                            | \$                              | □ yes □ no                               |    |  |
|    | c.   |                     |                            | \$                              | □ yes □ no                               |    |  |
|    |  |                     |                            | Total: Add<br>Lines a, b and c. |  | \$ |  |
|    | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |                     |                            |                                 | tor                                      |    |  |
| 43 |  | Name of<br>Creditor | Property Securing the Debt | 1/60th of the C                 | Cure Amount                              |    |  |
|    | a.   |                     |                            | \$                              | \$                                       |    |  |
|    | b.   |                     |                            | \$                              |  |    |  |
|    | c.   |                     |                            | \$                              |  |    |  |
|    |  |                     |                            | Total: Add Line                 | es a, b and c                            | \$ |  |
| 44 |  |                     |                            |                                 |  |    |  |

| b ZZA (UII                          | iiciai roi   | m 22A) (Chapter 7) (12/10)   |                               |    |  |  |
|-------------------------------------|--|--|-------------------------------|----|--|--|
|                                     |  | er 13 administrative expenses. If you are eligible to file a case under chaping chart, multiply the amount in line a by the amount in line b, and enter thee.  |                               |    |  |  |
| 45                                  | a. Projected average monthly chapter 13 plan payment. \$   |  | \$                            |    |  |  |
|                                     | b.   | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | X                             |    |  |  |
|                                     | c.   | Average monthly administrative expense of chapter 13 case  | Total: Multiply Lines a and b | \$ |  |  |
| 46                                  | Total  | <b>Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.  |                               | \$ |  |  |
|                                     |  | Subpart D: Total Deductions from Incom   | ne                            |    |  |  |
| 47                                  | Total  | of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 4  | 1, and 46.                    | \$ |  |  |
|                                     |  | Part VI. DETERMINATION OF § 707(b)(2) PRES   | SUMPTION                      |    |  |  |
| 48                                  |  | the amount from Line 18 (Current monthly income for § 707(b)(2))   |                               | \$ |  |  |
| 49                                  |  | the amount from Line 47 (Total of all deductions allowed under § 707()   |                               | \$ |  |  |
| 50                                  | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result \$   |  |                               | \$ |  |  |
| 51                                  | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.   |  |                               |    |  |  |
|                                     |  | <b>presumption determination.</b> Check the applicable box and proceed as dir  |                               |    |  |  |
|                                     | ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.                                    |  |                               |    |  |  |
| 52                                  | ☐ The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. |  |                               |    |  |  |
|                                     | The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (1 53 through 55).  |  |                               |    |  |  |
| 53                                  | Enter the amount of your total non-priority unsecured debt \$  |  |                               |    |  |  |
| 54                                  | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. \$  |  |                               | \$ |  |  |
|                                     | Secondary presumption determination. Check the applicable box and proceed as directed.   |  |                               |    |  |  |
| 55                                  | The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.   |  |                               |    |  |  |
|                                     | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII.                         |  |                               |    |  |  |
| Part VII: ADDITIONAL EXPENSE CLAIMS |  |  |                               |    |  |  |
|                                     | and we   | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                               |    |  |  |
| 56                                  |  | Expense Description  | Monthly Amount                |    |  |  |
|                                     | a.<br>b.   |  | \$                            | _  |  |  |
|                                     | c.   |  | \$                            |    |  |  |
|                                     |  | Total: Add Lines a, b and c  | \$                            |    |  |  |
|                                     | 1  |  |                               |    |  |  |

<sup>\*</sup>Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment. 4000681

| Part VIII: VERIFICATION |   |                                   |  |  |
|-------------------------|---|-----------------------------------|--|--|
| 57                      | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case both debtors must sign.) |                                   |  |  |
|                         | Date:   | Signature:(Debtor)                |  |  |
|                         | Date:   | Signature: (Joint Debtor, if any) |  |  |